

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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22 February 1997

Boots wins appeal on misconduct verdict

PSNC links 4.5pc pay bid to script volume

Calderdale seeks OTC industry partnerships

D'Arcy follows a hard act in the NPA hot seat

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and for obstetric patients, at commencement of labour and six hourly thereafter. Prophylaxis of haemorrhage from stress ulceration or from bleeding peptic ulceration. 150mg tablets twice daily may be substituted for parenteral ranitidine once oral feeding commences. Children: Oral dose for peptic ulcer: 2mg/kg to 4mg/kg, twice daily to a maximum of 300mg per day. **CDNTRAINICATIONS, WARNINGS, ETC.** Patients with known hypersensitivity to any component of the preparation. **Precautions:** Exclude malignancy before therapy for gastric ulcer, or in middle-age patients with new or recently changed dyspeptic symptoms. Reduce dosage in severe renal impairment to 150mg at night for four to eight weeks, if ulcer is unhealed institute 150mg twice daily. Supervision of patients taking NSAID's concomitantly with ranitidine is recommended, especially in the elderly. Avoid in patients with a history of porphyria. Use in pregnancy and lactation only if essential. **Side effects:** Headache, dizziness, skin rash, occasional hepatitis, and with antibiotics, diarrhoea. Rare cases of reversible mental confusion, depression and hallucinations in very ill and elderly patients. Rarely, arthralgia, myalgia, acute pancreatitis, agranulocytosis or pancytopenia, leucopenia and thrombocytopenia usually being reversible. Hyper-sensitivity reactions, anaphylactic shock, rare cases of breast symptoms in men. As with other H₂-receptor antagonists rare cases of bradycardia, A-V block and asystole. **Pack size/Cost** 150mg: 60 tablet pack. £27.89. 300mg: 30 tablet pack: £27.43. **LEGAL CATEGDRY PDM MARKETING AUTHDRISATIDN NUMBER** Ranitidine Tablets BP 150mg PL 4569/0335 Ranitidine Tablets BP 300mg PL 4569/0336. For further information contact the Marketing Authorisation holder: Generics [UK] Limited, Potters Bar, Hertfordshire EN6 1TL.

DATE OF PREPARATION: December 1996



Many pharmacists will find the High Court decision to quash the Statutory Committee's misconduct verdict against Boots the Chemists hard to understand and difficult to stomach. It is necessary to understand that the judicial review did not deal with the evidence, rather it reviewed the way the Committee reached its decision. Boots challenged the decision on a number of counts, and won its case on the first and only point considered. Although Boots was in conflict with Society policy, the judge decided the Committee had failed to consider whether the admitted defiance by the company was "of such quality as to demand the conclusion that it should properly be denoted as misconduct".

Legal sophistry aside, the judge has made no findings on the merits of the Society's policy, which is designed to protect the viability of small community pharmacies in rural areas. Nor is the Society going to give up without a fight. The issue is just how far commercial organisations can erode the Society's right to enforce professional standards among its members, bearing in mind that at all times the patients' interest must be paramount.

Can Boots really pretend that collecting scripts from a surgery and delivering them back to a collection point offers a better service than a pharmacy on the spot? Does the company want to send a message to dispensing doctors that all they need to do to close down small rural pharmacies is to get on the phone to the nearest Boots? If Boots was intent on protecting the integrity of its superintendent pharmacist, then it has succeeded. To continue this dispute could well emasculate the pharmacists' professional body in a way which is totally unacceptable. Surely it is now best for Boots to agree that it will cease to operate such collection and delivery services and the Society, in turn, to allow the matter to drop.

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High Court quashes Boots

Boots the Chemists has succeeded in having a verdict of misconduct handed down by the Royal Pharmaceutical Society's Statutory Committee overturned by a High Court judge.

The company had sought a judicial review over the Committee's finding last year that the company and its superintendent pharmacist Marshall Davies were guilty of misconduct in relation to 'collection and delivery' service in two rural villages (C&D January 20, 1996, p80).

Mr Justice Ognall, who heard the case last week, said he understood that the Statutory Committee might "if appropriate" re-run the case for further consideration. This option is being taken up by the Society, which has stated that it will continue to defend its policy against collection and delivery schemes.

The judge said there was no

dispute that Boots had knowingly breached a controversial RPSGB policy designed to protect the viability of small rural community pharmacies.

However, he ruled that the finding of misconduct by the Statutory Committee against Boots and its pharmacy superintendent had not been justified on the evidence.

He commented of the Committee's majority decision in January last year: "The decision-making process was fundamentally tainted."

The three Committee members who voted in favour of censuring Boots and Mr Davies had failed to ask themselves whether what they had done was so serious as to justify a finding of misconduct, which in most cases results in striking off.

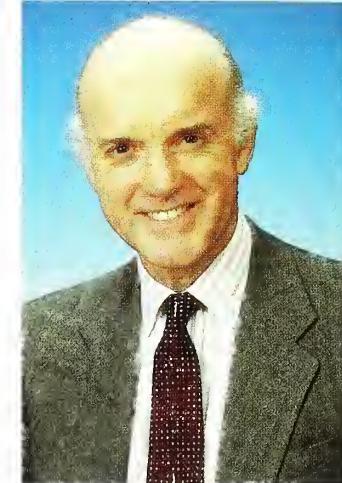
Although the Committee had imposed no penalty on Mr Davies

or Boots, the judge remarked: "There can be nothing more serious by way of stigma on the reputation of a professional man than a finding of professional misconduct."

"The burden of proof was a high one and the legally unqualified majority of the Committee should have followed the advice of the Committee chairman, a QC, that a finding of misconduct was impossible," the judge added.

The Society launched an inquiry after Boots set up collection and delivery schemes in the villages of Durrington, Wiltshire, and Winterton, South Humberside, with the co-operation of local doctors.

The schemes involved collecting prescriptions from surgeries in the villages and dispensing drugs at Boots' pharmacies in Salisbury and Scunthorpe before



Marshall Davies: no misconduct

delivering them back to the surgeries for onward transmission to patients.

The judge said that the Society had, in June, 1993, published a

'Panorama' researches fraud

BBC television's 'Panorama' is continuing to research the problem of prescription fraud. Following last week's BBC news reports that pharmacists are the main offenders, a BBC spokesman says that 'Panorama' has decided to research the claims further.

New head of PR required

The NPA is advertising for a head of PR to replace Colette McCready, who has been promoted to lead the new practice division. Applications are being sought from people with wide experience in PR (ideally in healthcare), and experience of managing a team and a budget.

East London open day

An open day to promote local community pharmacy has been organised by East London and The City Health Authority, and the local pharmaceutical committee. It will be held on February 28. There will be a poster presentation of local pharmacists' projects, and members of the health authority and the North Thames Region will be on hand to answer questions on any aspect of community pharmacy. The open day will run from 1.00pm to 6.00pm at the Island Health Centre, East Ferry Road, London E14. For further details contact Zoe Aslanpour on 0181 983 2900.

PSNC links 4.5pc bid to script volume

The Pharmaceutical Services Negotiating Committee is seeking a 4.5 per cent increase in core elements of the global sum index linked to increases in prescription volume as part of its pay bid for 1997-98.

The rise in fees and allowances would give an increase of 4.5 per cent in dispensing income per prescription. "We propose that this per prescription increase be applied to the volume forecast that is to be set for 1997-98," says chairman Wally Dove.

For the six months to September, 1996, script volumes were up 3.7 per cent year on year.

PSNC hopes to have a response to its bid to put before the LPC Conference on March 3.

Setting out the bid in a letter to the NHS Executive's John Thompson, Mr Dove says productivity in pharmacies has increased by 33 per cent since 1988-89, while income per script

In putting together its claim, PSNC took into account the recommendation of a 3.75 per cent staged increase for GPs by the Doctors & Dentists Review Body. The DDRB also proposed that average remuneration for dispensing doctors from on-cost and professional fees be increased by 4.2 per cent, assuming no change in workload.

(adjusted for inflation) has fallen by 29 per cent.

"PSNC feels most contractors are bumping their heads in terms of spare dispensary capacity," says Mr Dove. He argues that the current global sum does not reflect improvements in productivity, longer working hours and increased professional input into the dispensing service.

"Without an adequate increase, there is a real risk that the quality and level of advice to patients will suffer as contractors cut costs," he warns.

PSNC is increasingly concerned about devolving the non-core elements of the global sum. It has led to rationing and an inconsistent level of service, and is wasteful of resources, says Mr Dove. PSNC wants to revert to a national fee and central budgeting for non-core services.

The current negotiating arrangements for devolved budgets are completely unsatisfactory, he continues. They should be synchronised with core income negotiations so that volume and inflationary increases may be considered.

For this reason PSNC says it is "unreasonable and impractical" for the Committee to give its view on the size of the devolved budget for 1997-98.

The community pharmacy sector is facing severe recruitment and motivation problems, Mr

Dove says in his letter.

"In 1995, PSNC estimated that the total number of full-time community pharmacists required in Britain was 15,929, yet the number available in 1994 was 14,541. Motivation is being seriously undermined by the continuing decline in core gross profit, currently forecast at 15.6 per cent, and the DoH's refusal to tackle the matter of late payment without compromising the global sum."

While PSNC is "heartened" to see the importance the Government places on pharmacy services in the NHS (Primary Care) Bill, Mr Dove warns that there is a risk that the need for contractors to chase prescription volume will reduce their ability to expand services elsewhere. "Encouraging words need to be matched by adequate resources," he says.

● The NHSE is pressing ahead with its allocations for devolved budgets for 1997-98. PSNC has looked at a report of actual spends against budget for out of hours service and advice to homes for the six months to September, 1996, and will be writing to LPCs which have spent more than 60 per cent of their annual budget. PSNC's approach is that, where budgets are likely to be exceeded, LPCs should not accept a cut in rates, even if it means rationing.

'misconduct' finding

policy – with which Boots strongly disagreed – that collection and delivery services would not be allowed to operate in areas where a community pharmacy already existed.

In making the finding of professional misconduct, the Statutory Committee said that Boots had "taken the route of defiance" in maintaining collection and delivery services in the villages in direct competition with local independent pharmacies.

Attacking the misconduct finding in the High Court, Boots' lawyers accused the Society of "commercial protectionism", and creating restraints on lawful trade beyond those allowed for by parliament.

There is no statutory prohibition on collection and delivery services operating in areas where community pharmacies exist and, by imposing a ban, the

Society was acting beyond its legal powers, the company claimed.

The court heard the Society itself agree that collection and delivery services are acceptable in "pharmaceutically deprived areas".

Robert Webb QC defended the Society's policy to ban collection and delivery services from areas already served by independent pharmacies as "founded upon the public interest, proper and sensible".

He commented of collection and delivery services: "They are a step towards mail order and they're certainly a step away from full pharmacy services being provided".

But the judge said that "in failing to address the question of whether the undoubted and knowing breach of the Society's promulgated policy was such a

quality as to constitute serious misconduct", the majority of the Statutory Committee had fundamentally erred in law.

Speaking after the trial, the Society said: "The case did not establish that the profession's policy itself was wrong, and the Society will continue to defend it." In particular, it believes that the judge has ruled on whether Boots should be found guilty of serious misconduct for disobeying Council policy, rather on the actual merits of the policy.

The Society hopes to resolve the issue as soon as possible, due to its concerns for pharmacies affected by such a service.

Boots' solicitor, David Charlton, said the company was very pleased with the result. "We hope now the Committee will find there was no misconduct and allow the service we are providing to continue."

Lothian HB funds seven advice areas

Seven Lothian pharmacies have had personal advice areas installed, funded by the Lothian Health Board.

The Board provided £15,000 for the advice areas and the training of the pharmacists. Selection of participants was based on criteria such as the pharmacist's involvement in health promotion projects and continuing education. The National Pharmaceutical Association's pharmacy planning department organised the design and installation of the areas.

Pharmacists will collect data on special forms on four separate weeks in the 12 months to December. The forms should help determine how often the personal advice area is used and what it is used for. Pharmacists will also be expected to participate in, and monitor the uptake of, specific health promotion initiatives.

Project co-ordinator and pharmacist facilitator Dawn Sykes, says that the Board is also providing a small amount of funding for a pharmacy window health promotion initiative to link with the initial project.

"We are proposing that an additional ten pharmacies will be involved," she says.



Lynn Munro in her Edinburgh pharmacy with one of the new personal advice areas

Pharmacist fined over Data Protection Act

A pharmacist who failed to register under the Data Protection Registration Act, following a business takeover has pleaded guilty before Bolton magistrates.

He was fined £500 under section 5(1) of the legislation, with costs of £605 and registration costs of £75 for three years.

The Data Protection Registrar brought the action against Keith Maher, of Mellings Chemist, Horwich, Lancashire. Magistrates heard that the business had been registered before. It came up for renewal in September, 1995, but although Mr Maher had taken over prior to this date, the old registration was not renewed nor as required by law was a new registration application received.

The DPR said: "This case was the result of our internal checks on renewals. There had been no complaint against Mr Maher or the business. Normally a letter with a reminder is automatically posted. Included are notes advising that it is an offence to hold personal data on a computer without being registered under the Data Protection Act." This also applies to computer patient prescription records.

"Many people think this Act only applies to big businesses, but with certain exceptions, it covers individuals, too. If a person owns businesses registered under other names, eg various business titles, those registrations will be separate."

"We take approximately 60 cases to court a year. Fines for individuals and small businesses range from £500-£1,000, with larger concerns £2,000 or more."

Explaining the offence, the DPR said: "Not to register when holding data is 'strict liability'. The DPR does not have to prove anything. In fact, not knowing the details of the law is immaterial. This is unlike a registered name using data for purposes against the law, when in this instance the Registrar is required to prove the offence." Mr Maher was unavailable to comment.

To register pharmacists should call the Data Protection Registrar office on 01625 545740.

PSNC budget LPCs will be getting their levy statements from PSNC by the end of February. The total levy has been set at £1,571,000. This is a 1.9 per cent rise on total levies collected in 1996-97, or 11.1 per cent on the original levy.

● PSNC will be recommending to LPCs that contributions to the Clothier Compensation fund continue. Although doctors have discharged their obligations, pharmacy contractors still owe about £600,000. Between 25-30 LPCs have stopped paying.

Discount inquiry PSNC has given its go-ahead to the 1997 discount inquiry. The inquiry will

be based on March, 1997, NHS purchases for a sample of 325 pharmacies. PSNC is encouraging contractors to co-operate with the inquiry.

● There will also be a container costs inquiry in April. Data will be collected from suppliers' price lists.

PPA information The Prescription Pricing Authority is looking to provide contractors with a list of all items they dispense with a basic price of £650 or more and a printout showing the number of items supplied with a basic price of £100. PSNC believes full details should be provided on all scripts

priced at £100 and over.

LPC Conference A new PSNC guide for LPCs on NHS organisation, finance and preparing bids for funding will be launched on March 3. The Conference is being sponsored for the first time this year to offset some of the costs.

● So far, 165 MPs and peers and 150 health authority guests have accepted invitations to the PSNC dinner.

Computer conferencing PSNC intends to develop computer conferencing and electronic mail for LPCs via the Internet, and is looking at the costs.

Joint Conference PSNC, the

Royal Pharmaceutical Society and the Pharmaceutical Advisers Group are to host a conference targeted at health authority executives at the Metropole Hotel, Birmingham, in November. The meeting will focus on the marketing of pharmacy services to health authorities.

NHSE talks PSNC has had its second meeting with the NHS Executive on future remuneration structures. The chief pharmacist, Bryan Hartley, has been at both meetings. PSNC chairman Wally Dove says discussions have been "open and frank" and the tone more relaxed than six months ago.

NPA sets up Astill memorial fund

A memorial fund has been established by the National Pharmaceutical Association to recognise the services to pharmacy of Tim Astill, its former director who died unexpectedly last November.

The fund will be devoted to a community pharmacy practice initiative designed to remind pharmacists of Mr Astill's contribution to the profession. Donations should be sent to the finance officer, NPA, 38-42 St Peter's Street, St Albans AL1 3NP (cheques payable to 'TPA Memorial Fund').

Over 400 people attended a service of thanksgiving in Mr Astill's memory at the Cathedral and Abbey Church of St Alban in St Albans on Monday.

John Ferguson, secretary of the Royal Pharmaceutical Society, paid tribute to a long-time friend: "It may be some years yet before pharmacists know the true value of Tim Astill's contribution."

Home Office report criticises drugs over-prescribing

London pharmacists have been criticised for the way they participate in the management of drug addicts.

A Home Office report, 'Tackling Local Drug Markets', published last week, also censures doctors for over-prescribing for drug addicts on a private basis.

The report was written by the Police Research Group and focuses on street level dealing in Class A drugs in London. The involvement of a few pharmacists and doctors is only one of six areas which the authors looked at. This 'drugs market' is described as taking place in central London.

The authors say that certain pharmacists know that drug addicts are illegally selling on some of their medication. Pharmacists are also reported as "often" allowing drug addicts credit. "This enables the users to collect half their prescription, sell it and then pay off the pharmacist and collect the remainder of the prescription," says the report.

The Royal Pharmaceutical Society has responded, saying that it found the claims contained in the report "disturbing", but it is confident that the overwhelming majority of pharmacists involved in providing services for such patients are acting properly and professionally.

HA approaches industry over joint working arrangements

Calderdale & Kirklees Health Authority is approaching the pharmaceutical industry to discuss joint working arrangements.

In the next two months, over 20 pharmaceutical companies and large stores, including Boots, the Co-op, Tesco and Sainsbury, will be invited to attend 'round table discussions' to look at proposals outlined in the Primary Care White Paper.

C&KHA's executive director of corporate strategy and commis-

sioning, Philip Sands, comments that the health authority has already formed partnership initiatives with 22 different drug companies.

One of the areas he wishes to discuss is the growing activity in OTC products. He cites the interest expressed by companies in seeing that high levels of compliance are maintained. "The pharmacist could ensure that there is ongoing compliance. Companies would be interested

in paying pharmacists to monitor this."

Mr Sands says that the authority has been having talks with the local pharmaceutical committee about "the challenges in the future", adding that he "wants to put forward some positive proactive plans".

The HA will be looking at a joint working framework over the summer. Mr Sands will be writing to local pharmacists this week to explain the HA's policy.

New POM order changes

The Medicines Control Agency is seeking to extend the P indications of cimetidine, beclomethasone dipropionate, ibuprofen and piroxicam.

It also proposes to allow three new aciclovir cold sore creams to be supplied as Pharmacy medicines, as well as listing 12 medicines on the POM Order.

The proposals are given in the consultation letter MLX 234, of February 11. The MCA says that the latest proposals would have to be added as amendments to the new consolidating POM Order, unless this is delayed by a couple of months.

The proposed changes to the POM Order exemptions based on indications are to include the following:

- cimetidine – prophylaxis of meal-induced heartburn
- beclomethasone dipropionate – prevention and treatment of allergic rhinitis
- ibuprofen and piroxicam – pain of non-serious arthritic conditions.

The proposals to consolidate

the POM Order will allow topical aciclovir 5 per cent to be supplied as a Pharmacy medicine to treat cold sores. If that is not implemented in the consolidation, it is proposed to exempt Avert Cold Sore Cream, Action Cold Sore Cream and Virasorb Cold Sore Cream.

The proposed additions to the POM Order are as follows: Acarbose; Beractant; Cerivastatin; Desflurane; Famciclovir; Fluvastatin Sodium; Gabapentin; Lung Surfactant Porcine; Miglitol; Nefazodone HCl; Rifabutin; and Zolpidem Tartrate.

These have been categorised under the POM Order by provision in the marketing authorisations. It is proposed that before the marketing authorisations come up for renewal, the substances should be listed in the POM Order so that medicinal products containing them are Prescription only medicines.

Comments should be addressed to Dugan Cummings at the MCA by March 25.

Contact lens case amoeba scare

Contact lens wearers are being advised to stop washing their lens cases in tap water following a warning that this may cause the disease *acanthamoeba keratitis*.

Acanthamoeba keratitis is a rare disease affecting one in 250,000 contact lens users. The infection is associated with serious non-compliance, says Bausch & Lomb's professional services manager, Nicholas Atkins.

"Many patients do not rub their lenses or lens cases. This causes a layer of proteins, dirt and micro-organisms to build up and makes the disinfecting solution less effective," he says.

The infection can be cured with a combination of chlorhexidine and propamidine eye drops and, in nine out of ten cases, there is no permanent loss of sight.

"New research has established that the source of the infection is tap water in the home," says senior ophthalmology lecturer Dr David Seal, who appeared on a recent BBC1 'Watchdog' programme.

Sainsbury is changing the instructions of its contact lens solutions following the broadcast.

The Medicines Control Agency has contacted all manufacturers regarding the labelling of their products, says a DoH spokesman.

PSNC gives up drive for director

The Pharmaceutical Services Negotiating Committee has given up its search to recruit a director.

Although up to 17 candidates have been considered, and the process has been rumoured to have cost in the region of £30,000, attempts to fill the post have been unsuccessful.

In an executive reshuffle, Steve Axon has been appointed general secretary, with a brief to reorganise the PSNC office. All other executive officers will report to him.

It is understood that the composition of the 22-strong Committee may be looked at again in the near future. An update of the regional structure will be examined at the LPC Conference on March 3. One option is to reduce the number of regional representatives from 15 to nine to bring it in line with the new NHS regional structure introduced last April.

Committee stage for Primary Care Bill

The NHS (Primary Care) Bill entered its committee stage in the Commons on Tuesday, with ministers still locked in talks with the health professions on who should be allowed to set up pilot schemes to offer personal medical services.

Health minister Gerald Malone tabled a new clause to the Bill, saying a health authority could agree to set up a pilot scheme with groups including an NHS trust, an NHS employee or "a suitably experienced medical practitioner".

The Bill is scheduled to be in committee for five days, and Mr Malone is expected to table new amendments once his talks with the professions are complete.

The out of hours issue

The organisation of GPs' out of hours care has undergone significant changes over the last few years. In contrast to their predecessors, many doctors do not now wish to provide 24 hours a day, seven days a week cover for their patients. However, they still have a contractual duty to maintain a service.

Two main methods of easing the workload of out of hours care have been the use of extended rotas involving more than one practice, or employing a commercial deputising service. The latter option can be attractive but expensive.

There has been rapid growth of a third group: GP co-operatives. These are non-profit-making organisations staffed by local doctors and serving their own geographical area. Their fast expansion has been prompted both by GPs' increasing unhappiness at having to personally provide out of hours cover and by new government financial assistance.

Deputising services have been criticised as providing an inferior service

At the same time, there has been a modification in the way that out of hours calls have been handled. The giving of telephone advice without necessarily seeing or having prior knowledge of the patient has risen considerably. The net effect is to reduce the burden of home visiting after normal working hours.

These dramatic alterations are now being researched. Deputising doctors, for example, are more likely to issue a prescription compared to a practice doctor. Practice doctors tend to prescribe more generic items.

Deputising services have been criticised as providing an inferior service, yet one piece of research shows that care was the same, with regard to what happened to the patient in the short-term after the consultation.

This area will continue to interest researchers, but it's fair to say that most doctors do not want to return to the status quo. Given the chance, many would jump at the opportunity of losing the responsibility of the out of hours care altogether. The problem is, who is going to do it?

By Dr Harry Brown, a GP practising in Alwoodley, Leeds.



Topical Reflections

markets for new generics an inevitability, they could all suffer a similar fate.

To add to the problem, the patent life of new drugs is constantly threatened by regulatory requirements and lengthy development programmes. If the industry raises the patent price to achieve the same return over a shorter lifespan, GPs will be encouraged to continue to prescribe the old, outmoded but cheaper alternatives.

The industry needs to urgently press for increased patent life for new entities, so that reasonable profits can be made at reasonable prices. However, when patent expiry time approaches, companies must, in return, be seen to be managing an orderly transition to an open market. The alternative could be a succession of spectacular price crashes similar to captoril which, as well as destroying industrial credibility, may also produce some equally spectacular fatalities.

A delicate shade of green

A few weeks ago, I applauded the British Medical Association for its opposition to a provision in the NHS (Primary Care) Bill, which would allow for the employment of GPs by commercial organisations.

I am pleased that the Government has now bowed to that reasonable pressure and removed this provision (*C&D* February 15, p4), but regret that the considerable power of the medical lobby in

pressing its own reasonable demands is so rarely emulated by its pharmaceutical counterparts.

At present, the most urgent area of concern is the allocation of resources for payment of new roles and this has been highlighted yet again, this time by the Northern Ireland Pharmaceutical Contractors Committee chairman, Sheelagh Hillan, speaking at its annual dinner (*C&D* February 15, p5).

Her comments were as pertinent to the rest of the UK as they were to Northern Ireland.

I am fed up with raised professional expectations of extended roles but no money. My local health authority is falling over itself employing pharmaceutical advisory staff to tell me how to extend my role, but when I ask a reasonable rate for the job, officials sigh and point to limited budgets. By comparison, medical resources seem to come from an almost bottomless pit of Departmental munificence when, at the slightest hint of BMA dissatisfaction, extra money becomes miraculously available.

I envy the medical lobby its power but see little chance of pharmacy repeating that success. However, there seem to be ample funds available to fund the health authority pharmaceutical directorate's version of Parkinson's law.

I consider that pharmaceutical advisers do an excellent job but seriously question whether the money spent on their burgeoning administrative support might be better allocated to developing the community pharmaceutical services they so zealously encourage me to provide, but which, with so much anguish, they assure me their health authority cannot afford!

SCRIPTspecials

CP Pharmaceuticals

CP Pharmaceuticals has launched two new generics: bumetanide tablets 1mg (28, £1.70) and 5mg (28, £10.92); and captopril tablets 12.5mg (56, £10.51; 100, £18.81), 25mg (56, £12.01; 90, £19.27) and 50mg (56, £20.45; 90, £32.87).

CP Pharmaceuticals. Tel: 01978 661261.

Tegretol Liquid

The viscosity of Tegretol Liquid has been reduced to make it easier to administer. Although the packs have been flagged with 'New formulation', the active components are not affected. **Ciba Pharmaceuticals. Tel: 01403 272827.**

Wyeth product changes

The 100-tablet packs of Premarin 2.5mg have been replaced by 3 x 28-tablet packs (£9.67). In addition, Prostap SR is now indicated for preparing the endometrium before surgery. **Wyeth. Tel: 01628 604377.**

Parstelin Tablets

Limited stocks of Parstelin Tablets are now available from SB. All wholesalers with back orders will receive some stock, although it will not be possible to fill all requirements. The next batch is anticipated in mid to late April. Pharmacists with supply problems should contact: **SB Pharmaceuticals customer care. Tel: 0181 913 4116.**

Fragmin licence

Fragmin has become the first low molecular weight heparin to be licensed for the management of unstable coronary heart disease. A study found Fragmin reduced the risk of heart attack and death in this group by 63 per cent. **Pharmacia & Upjohn. Tel: 01908 661101.**

Roferon-A Solution

Roferon-A Solution for Injection is being phased out and replaced with pre-filled syringes. Returns cannot be accepted.

Roche Products. Tel: 01707 366000.

Nimbex ampoules

Nimbex (cisatracurium besylate) is now available in 5ml ampoules (£22 for five) in addition to the existing 2.5ml and 10ml versions. **Glaxo Wellcome. Tel: 0181 990 9000.**

Telfast 120 offers POM alternative to terfenadine

Telfast 120 is a new non-sedating antihistamine from Hoechst Marion Roussel, which does not have the adverse reactions associated with terfenadine.

Telfast 120, a Prescription Only Medicine (30 tablets, £7.40), contains fexofenadine HCl 120mg, the active metabolite of terfenadine. It does not have the cardio-toxic effects linked to terfenadine and so does not cause arrhythmias. It also has no clinically significant interactions with erythromycin or ketoconazole.

Telfast 120 is indicated for the relief of symptoms associated with seasonal allergic rhinitis. The recommended dose of one 120mg tablet once daily will help compliance and provide 24-hour relief from hayfever symptoms.

The safety and efficacy of the drug has not been established in

children under 12 years and in pregnant or lactating women. No precautions or dose adjustments are necessary in risk groups such as the elderly, and the renally and hepatically impaired.

Fexofenadine is metabolised by the liver hepatic and so is unlikely to interact with hepatically metabolised drugs. Plasma levels increased by two to three times when co-administered with erythromycin and ketoconazole, but there were no adverse events or effects on the QT interval.

The incidence of side-effects with fexofenadine is similar to that of placebo. The most commonly reported adverse events were headache, drowsiness, nausea and fatigue.

In the early 1990s, high plasma levels of terfenadine were implicated in rare cases of ventricular



arrhythmias. Various factors led to these high plasma levels, including overdosage, impaired liver function and interaction with certain macrolide antibiotics and azole anti-fungals.

Telfast 120 is the first antihistamine to be launched on prescription for seven years.

Hoechst Marion Roussel. Tel: 01895 834343.

Calcium supplement from Thames

Calceos is a new calcium and vitamin D3 supplement from Thames Laboratories.

The square, lemon-flavoured, chewable tablets contain 1,250mg of calcium carbonate (equivalent to 500mg elemental calcium) and 400iu vitamin D3 (equivalent to 10mcg of cholecalciferol).

Calceos is indicated for vitamin

D and calcium deficiency in the elderly, and as an adjunct to specific therapy for osteoporosis.

The adult dose is one tablet twice daily, chewed and washed down with a glass of water. The product (£8.47 for 60 tablets) carries a P licence.

Thames Laboratories Ltd. Tel: 01978 661351.

Devilbiss Escort for people on the move

Devilbiss Health Care has introduced the Escort portable compressor nebuliser for people who need more mobility.

The Escort is compact and weighs less than 3.5kg. It comes in a carrying case with a shoulder strap attached, and is suitable for frequent travellers and people with an active sporting or social life.

The nebuliser can be used worldwide using the local mains power supply or a 12-volt car cigarette lighter. It also comes with a rechargeable battery pack.

The Escort is priced at £190 (inclusive of VAT).

Devilbiss Health Care UK Ltd. Tel: 0181 756 1133.

Lipobay to keep cholesterol away

Bayer is set to launch Lipobay (cerivastatin), a new contender in the fight against cholesterol.

The product, which has been granted a licence by the UK regulatory authorities, is an HMG-CoA reductase inhibitor indicated for patients with primary hypercholesterolaemia who have not responded to diet. A launch date has not yet been set.

The drug is reported to be more potent than some of the existing statins. It is well tolerated and shows no significant interactions with warfarin and digoxin. A once-daily dose of cerivastatin 100mcg to 300mcg was found to reduce LDL cholesterol by 30 per cent.

MEDICAL MATTERS

Omeprazole could be linked to lethargy

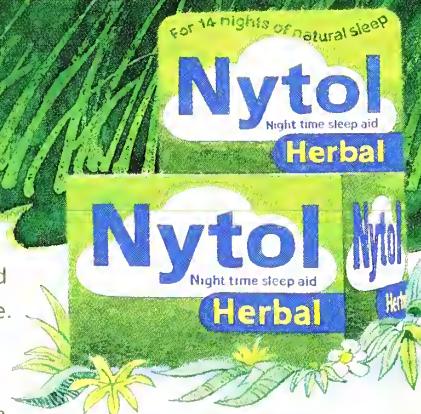
Omeprazole has been associated with serious mental changes in one case reported in the *British Medical Journal*.

The paper, submitted by a Dutch team of doctors, cited a 64-year-old man on omeprazole 40mg daily for Barrett's oesophagitis, who was otherwise healthy and on no other medication. Two months after treatment was initiated the patient presented with dizziness, headache and diarrhoea.

Mebverine was prescribed, but relief was shortlived and symptoms recurred. The patient also became impotent, listless and drowsy. Omeprazole was withdrawn and a full recovery was achieved within two days. When the patient was rechallenged with the drug, the symptoms of drowsiness and lethargy returned and omeprazole was stopped.

Reversible side-effects affecting the central nervous system, such as hallucinations and confusion, seen previously have been restricted to the critically ill on intravenous omeprazole, the elderly and alcohol-dependent.

Natural selection



It's a jungle out there, and only the strongest survive.

Nytol is the brand leader in the sleep aid market, a market which has grown from £3m to £12m in the three years since Nytol was launched. To continue this phenomenal growth, we've introduced a sleeping partner

Nytol Herbal, for those who want a natural choice. Just like original Nytol, Nytol Herbal will be supported by national T.V. advertising, and will benefit from the same comprehensive brand identity at point-of-sale. It's time to open your eyes to new Nytol Herbal. After all, your customers can now make a natural selection.

New Nytol Herbal – Watch the market grow.

Nytol, Nytol Herbal, Nytol One-A-Night and Z's logo are Trademarks of Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP.

COUNTERpoints

Feldene P - for pain power



Pfizer Consumer Healthcare has launched

Feldene P Gel in prescription strength for maximum OTC pain relief.

The gel (piroxicam 0.5 per cent) is licensed for OTC treatment of mild arthritis and rheumatism. It has been shown to have equivalent efficacy to oral non-steroidal anti-inflammatory drugs in early osteoarthritis, without the risk of gastro-intestinal side-effects. It is targeted

specifically at these conditions rather than at 'milder' sports injuries.

The gel should be used three to four times a day for up to a week, but is not recommended for children under 12 years.

A \$3 million marketing support package will include national TV advertising, consumer leaflets, a pharmacy education programme and a competition.

Feldene P Gel will be available in a trial 7.5g tube (retail \$1.15) during the launch period and standard 30g packs (retail \$4.39).

Pfizer Consumer Healthcare.
Tel: 01420 84801.

Sanitary surface spray from Reckitt & Colman

Dettos Surface Spray is an anti-viral aerosol spray (300ml, \$1.59) designed to be used directly on contaminated items, such as phones, taps and toilets.

Red Nose strips

As supplier of the 'official nasal strip for the Red Nose Games', 3M Health Care has produced limited edition red nasal strips and is donating £0.25 for each pack sold during the campaign.
3M Health Care Ltd.
Tel: 01509 613009.

ESI endorsement

ESI aloe vera products are now certified, carrying the seal of approval from the International Aloe Science Council, which is the aloe industry's regulatory body.
ESI Laboratories.
Tel: 01222 388422.

Correction

The telephone number given for Ferrosan Healthcare in last week's issue (p12) was incorrect. The correct number is:
Tel: 01932 337700.

Nutricia reintroduces Milumil

Nutricia is to reintroduce Milumil infant milk powder into the UK from February 24.

The product is to be manufactured using Irish milk at the company's factory in Ireland.

In January, the product was withdrawn from the UK market following a link between Milumil and 12 cases of *salmonella* food poisoning in infants.

Milumil was previously manufactured in Milupa's French factory. Since then, no indication of

The product is being backed with a \$1.5 million advertising and support package.

Reckitt & Colman Products Ltd.
Tel: 01482 326151.

salmonella has been found at that factory. The transfer of production and improvements to packaging were originally planned for May. The relaunch was brought forward after the product withdrawal.

Explains Ian Thomas, sales director: "The Department of Health has approved the reintroduction of Milumil using a different production facility."

The product now has a slight formulation change.

It comes in a new compact packaging system, available in two pack sizes - 450g (\$3.74) and 900g (\$6.58).
Nutricia Ltd.
Tel: 01225 711511.



Setting your sights on Ocuvite

Ocuvite is a new vitamin and mineral supplement dedicated to eye care from Storz Ophthalmics.

Each Ocuvite tablet contains zinc 40mg, vitamin A 2,900mcg, vitamin C 60mg, vitamin E 30mg, selenium and copper. One tablet should be taken daily.

Ocuvite (60, \$8.00) is being distributed to pharmacies only through AAH Pharmaceuticals.

The combination of nutrients is thought to

help maintain ocular health. Evidence has suggested that zinc and the antioxidant vitamins A, C and E may be useful in preventing the symptoms of age-related macular degeneration, a disease responsible for half of all registered blindness in England and Wales. The disease occurs through the build-up of waste material in the eye.

Storz Ophthalmics.
Tel: 01329 224124.



Stress-free Tri-Chi green tea

Health Perception is introducing green tea in a multi-herb supplement formulation.

Tri-Chi is a high-strength combination of three essential Chinese herbs - green tea, garlic and ginkgo - to help with

the stress of a busy lifestyle.

The supplement is aimed at the 25-45-year-old ABC1 female market.

Retail price is £7.99 per box of 30 tablets.
Health Perception Ltd.
Tel: 01344 890115.

Sorbothane puts best foot forward

Sorbothane Medical Insoles and Heelpads have been introduced to help alleviate musculoskeletal pain. They are designed for sufferers of back pain, arthritis, rheumatism and other complaints which cause general aches and pains.

Inserted into everyday shoes, the products provide underfoot cushioning to absorb 95 per cent of the damaging 'heel-strike' impact that occurs every time a step is taken.

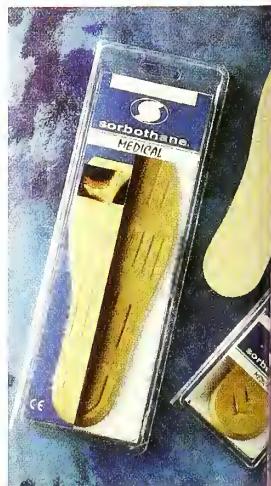
Now softer than before, Sorbothane is a visco-elastic material which closely resembles human flesh.

Promotional support includes point of sale material and informative

consumer leaflets.

Retail prices are \$14.99 for Medical Insoles and \$7.49 for Heelpads.

Strategic Partners.
Tel: 01622 662596.



Feldene™ P for Pinpointing

Applied directly to arthritic joints.)



A clean sweep for Philips

Philishave Action Clean is a new product for cleaning the rotary shaving heads of Philips' shavers. It will be available nationally from March.

It can be used for triple-head and double-head models. Its convenient pump action means that cleaning can be carried out in under 30 seconds.

Philishave Action Clean HQ 100 comes with a special filter and sufficient cleaning fluid for six months (rsp \$14.95).



Refill kits HQ 101 include fluid and filter (rsp \$2.95).

Philips Home Appliances.
Tel: 0181 689 2166.

Uvistat offers greater antioxidant protection

Windsor Healthcare is expanding the horizons of sun protection by adding a "revolutionary new ingredient" to Uvistat's Activ-A Factor 15 daily moisturiser and its After Sun.

Glutathione, a naturally occurring substance, is a free radical scavenger and a highly active antioxidant. It can help counteract the damaging effects of free radicals produced by exposure of the skin to ultra violet light. UV light depletes the skin's natural supply of glutathione, reducing its ability to protect the skin.

Until now, glutathione has not been included in toiletries and cosmetics

because of its inability to cross the skin barrier. Windsor has now used liposome technology to encapsulate the molecule so that it can pass through the skin. A patent is pending for this new formulation, with trials of the product planned.

Another new arrival in the Uvistat range this year is Sunspray Factor 12 Lotion (150ml, £8.45), a light, non-greasy formulation in a pump spray, applied to areas like the face, scalp and balding heads.

Men with thinning hair need to be careful in the sun as a new clinical trial has found a direct link between men who go bald early and pre-

cancerous growths on the head in later life. Consumer research carried out by Windsor revealed that few men with thinning hair actually protect their scalps from the sun. Four out of ten balding men never wear a hat and only four out of ten ever use a sunscreen to protect their heads.

A new lipscreen with two in one benefits is also being launched this year. Uvistat Factor 25 Medicated Lipscreen (£3.59) provides four star protection against UVA and UVB rays with the natural antiseptic tea tree oil.

Windsor Healthcare.
Tel: 01344 484448.

Razor sharp support for Performer

Wilkinson Sword FX Performer will be on national television from February 24.

The product is being supported with a \$2.3 million campaign which will run for six weeks. Featuring the 'I feel good'

commercial, it is aimed at 16-34-year-old men.

In addition, special price-marked packs will offer consumers a \$1.00 discount off the brand's normal rsp of \$3.79.

Wilkinson Sword Ltd.
Tel: 01670 713421.

Andrew Collinge is waxing lyrical

Top hairdresser Andrew Collinge has added a styling wax to his Salon Solutions range.

Andrew Collinge Styling Wax is soft and easy to use both for styling or finishing hair. It is designed to add texture, body and bounce.

The product is packaged in a dispenser which delivers exactly the amount required by twisting the base.

The retail price is \$3.49 for a 40ml dispenser.

Alberto-Culver Co UK Ltd.
Tel: 01256 57222.



All change for baby range

MM Distributors has been appointed to supply NUK baby products.

"The new structure will enable us to provide a more personal support service to the pharmacy trade," says Peter Moreton, managing director of MM.

The chemist only range includes latex vented silicon teats, soothers, bottles and training cups.

MM Distributors Ltd.
Tel: 01438 351341.

Sky high

Crookes Healthcare forecasts a boost in Nurofen sales this spring due to the 'Clouds' TV ads in February, followed by a national poster campaign in March.

Crookes Healthcare Ltd.
Tel: 0115 9539922.

Wimbledon fans

Larkhall Green Farm continues as supplier of vitamin, mineral and herbal supplements to Wimbledon Football Club. Larkhall Green Farm. Tel: 0181 874 1130.

ON TV NEXT WEEK

Aquafresh Whitening: U

Advil: C4, BSkyB

Benylin Cough: All areas

Canesten: C4, BSkyB

Day & Night Nurse: All areas

Head & Shoulders: All areas

Ibuleve: C4

Johnson's Baby Breatheasy Bath: All areas

Karvol: All areas

L'Oréal Colour Endure: All areas

L'Oréal Elvive Revitalising shampoo: All areas

L'Oréal Excellence Creme: All areas

L'Oréal Recital Preference: All areas

L'Oréal Revitalist Eyes: All areas

L'Oréal Voluminous mascara: All areas

Macleans Whitening: All areas

Movelat Relief: B, G, Y, C, HTV, M, LWT, TT, C4

Mu-Cron: CAR, GMTV

Nurofen Cold & Flu: All areas

Panadol Extra: U

Panadol Night: All areas

Pantene: All areas except GMTV

Pepcid AC: G, TT

Regaine: A, M, LWT, C4

Solpaflex: All areas except U

Strepsils Dual Action: All areas

Synergie (Vitamin Radiance): All areas

Toepedo: B, G

Wash & Go: All areas

Wella Experience: All areas

Wellaflex: All areas

Wilkinson Sword's FX Performer: All areas

GTV Grampian, B Border, BSkyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

Feldene P for Penetrating

Proven effective action, penetrating into
the joint, without high plasma levels.¹)



Feldene P for Powering away the Pain.

**(Nothing you can sell is more
effective for arthritic pain.^{2,3})**



Feldene Gel is now available OTC as prescription strength Feldene P Gel.

Providing lasting pain relief⁴ in mild arthritis and rheumatism as well as reducing the inflammation.

Of course, there was a time when the concept of a topical NSAID with this degree of efficacy would have met with a matching degree of scepticism.

However, Feldene P Gel is proven to penetrate to the deeper areas of muscle tissue, synovial membrane and synovial fluid in osteoarthritic joints.¹

Your customers will find this clear, odourless gel easy to apply and an effective treatment for mild arthritis.

Feldene P for Profits.

We're putting a comprehensive support package behind the OTC launch, including a £1.5 million nationwide TV campaign this summer.

And to boost further trial, there'll be a 7.5g tube available at launch retailing at £1.15. See your Pfizer Consumer Healthcare Territory Manager or call 01304 615936 for further information.



References

- 1 **Percutaneous Pharmacokinetics of Piroxicam**
Wildtuer A et al. Medwelt, 1992, 43: 437-442 (Translation)
- 2 **A double-blind evaluation of topical Piroxicam gel with oral ibuprofen in osteoarthritis of the knee**
Dickson DJ. Curr Ther Res, 1991, 49: 199-207
- 3 **Reducing the Dose of Oral NSAIDs by use of Feldene Gel**
Browning RC, Johnson K, Adv Ther, 1994, 11: 198-207
- 4 **Piroxicam 0.5% topical gel compared to placebo in the treatment of acute soft tissue injuries**
Russell AL, Clin. Invest., 1990, 14: 1 pp 35-43

Feldene P Gel - Product Information:

Presentation: Clear gel containing 5mg piroxicam in each gram. **Indications:** An external, topical, non-steroidal anti-inflammatory and analgesic for the relief of the pain of rheumatism and the pain of mild arthritic conditions, muscular aches, pains and swellings such as strains, sprains and sports injuries. **Dosage:** Adults and children aged 12 years and over: apply 1g of gel (about 3cm or 1½" of gel) and rub into the affected site three or four times daily for up to 7 days, leaving no residual material on the skin. **Use in children:** not recommended for use in children under 12 years of age. **Use in the elderly:** no special precautions are required. **Contra-indications:** hypersensitivity to the gel or piroxicam. **Feldene P Gel** should not be given to people in whom aspirin or other NSAIDs induce the symptoms of asthma, nasal polyps, angioneurotic oedema or urticaria. **Warnings:** If local irritation develops discontinue use. Keep away from the eyes and mucosal surfaces. Do not apply to surfaces affected by open skin lesions, dermatoses or infection. Do not use **Feldene P Gel** with occlusive dressings. **Drug interactions:** none known. **Use in pregnancy and lactation:** not recommended. **Side effects:** **Feldene P Gel** is well tolerated. Mild to moderate irritation, erythema, pruritis and dermatitis may occur at the application site. In common with topical NSAIDs, systemic reactions occur infrequently, including nausea and dyspepsia, rare reports of abdominal pain and gastritis and isolated reports of bronchospasm and dyspnoea. **Pharmaceutical precautions:** store below 30°C. **Legal category:** [P] **Package quantity and cost price:** 30g tube, £2.465 (MA 00057/0408) **Product Licence Holder:** Pfizer Consumer Healthcare, Wilsom Road, Alton, Hampshire GU34 2TJ Telephone: 01304 615936. **Date of preparation:** January, 1997.



Aluminium-free, smell-free tea tree

Most anti-perspirants use aluminium or zirconium salts to block pore openings and prevent perspiration escaping. New Tea Tree Aluminium-Free Deodorant uses the bactericidal properties of tea tree oil (2.5 per cent) to kill the bacteria which produce odour. It will not stop perspiration but it does prevent odour. The tea tree oil is combined with soothing herbs and a pH balancer.

New Thursday Plantation Anti-Perspirant (floral and sport) uses zinc for its astringent qualities and tea tree oil to control the organisms. They are free of aluminium, zirconium, ethyl alcohol and synthetic preservatives.

The deodorants cost \$3.95 each.

Health Imports Ltd.
Tel: 01274 487662.

US slimming aids for the UK

US sports nutrition supplier Weider

Nutrition has entered the UK slimming market with two new products: Vitalishim and Absorb-It.

The products, under the Great American Nutrition label, are recommended for weight loss if taken as part of a controlled, sensible diet and exercise.

Vitalishim (60 tablets, \$7.99) is claimed to contain a mixture of nutrients which help reduce weight by speeding up the metabolism of fat and suppressing hunger.

The nutrients include citrimax (derived from

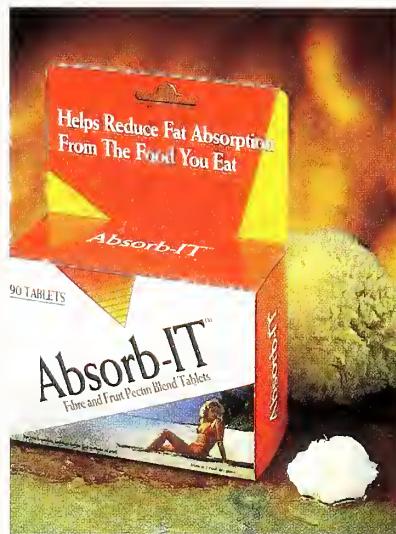
the Indian herb garcinia cambogia and source of hydroxy-citric acid), the amino acid L-carnitine, chromium, vitamin B6 and natural herbs. The dose is two tablets daily as a food supplement.

Absorb-It (90 tablets, \$5.99) is a fibre and fruit pectin blend, which reduces the absorption of fat from the diet. The bulking effect also increases the sensation of being full. One or two

tablets should be taken three times a day, half an hour before meals.

The launch is being supported by a \$500,000 spend with an additional \$250,000 on above the line campaigns.

Weider Nutrition Ltd.
Tel: 01908 611110.



New 2 in 1 dandruff shampoo Experience from Wella

Wella has added a dandruff control two-in-one shampoo and conditioner to its Experience with Liquid Hair range.

It is formulated to alleviate dandruff and dry scalp conditions, and to prevent the conditions recurring.

In addition to cleansing and conditioning the hair and scalp, the manufacturer claims that the range gives the hair body and shine. It contains no silicone, which can cause product build-up.

Retail prices are £1.99 for 250ml and £2.99 for 400ml.

Wella is supporting its Experience brand with an £11 million TV spend this year.

Wella Great Britain.
Tel: 01256 2020.



Training toothpaste is child's play

Smithkline Beecham has introduced a different look for Macleans Milk Teeth toothpaste.

The pack now features the 'training toothpaste' flag and stronger colours for improved branding.

All ingredients and fluoride content are listed to comply with EU regulations.

Emphasis is given to the brand's no-sugar content, responding to mothers' concerns about sugar in children's toothpaste.

The Macleans

portfolio will be backed by a \$6.5 million advertising campaign during the year.

Smithkline Beecham Consumer Healthcare.
Tel: 0181 560 5151.

REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the CiCPM.)

Forename

(all other initials as registered with the RPSGB or PSNI)

Surname

Registration No: RPSGB

PSNI:

Pharmacy address

.....

.....

County

Postcode

Tel no.

Fax number

E Mail

I enclose a cheque to Miller Freeman.

CiCPM part 1 £117.50 (inc VAT) (\$.. .)

CiCPM part 2 £235.00 (inc VAT) (\$.. .)

CiCPM parts 1&2 £323.13 (inc VAT) (\$.. .)

Total (\$.. .)

Send cheques and forms to Sue Cheeseman/Claire Newman, Miller Freeman, Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1RW (tel 01732 364422).

Additional single module copies at £4.00 per module (plus VAT of £0.60), will be available only to Chemist & Druggist subscribers or registered Community Pharmacy readers from Miller Freeman (Full set £40.00 plus VAT of £5.96).

All you and your business needs - The Certificate in Community Pharmacy Management...

...produced in association with The School of Pharmacy, The Queen's University of Belfast, from Chemist & Druggist and Community Pharmacy, supported by Smithkline Beecham Consumer Healthcare (PharmAssist)

How to register

The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must be registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB Pharmacists registering for both parts simultaneously can save £25.

Soothelip for cold sores

Bayer has launched its own aciclovir cold sore cream, Soothelip.

Soothelip (2g tube, \$4.25) contains 5 per cent aciclovir and is applied five times a day to the cold sore for five days. The product carries a P licence.

The launch is being supported by a \$2.5 million advertising campaign and includes full in-store support.

Ceuta Healthcare Ltd.
Tel: 01202 780558.

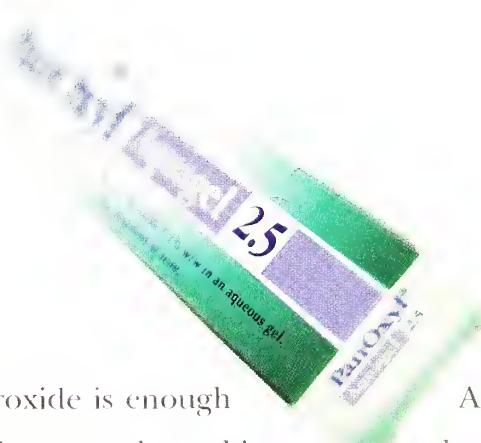
Agfa promotion

Agfa is offering a free Agfa HDC 200 film with every two sold for both 24 and 36 exposures in its first film promotion of the year.

Agfa-Gevaert Ltd.
Tel: 0181 231 4903.

Spots can't take it, but young skin can.

If 2.5% benzoyl peroxide is enough to deal with mild acne why subject sensitive young skin to twice or four times that amount? The message is getting through. GPs and dermatologists more and more are prescribing the PanOxyl



Aquagel 2.5 formulation. You can take appropriate action by making PanOxyl Aquagel 2.5 the first benzoyl peroxide you think of.[†]

PanOxyl®
benzoyl peroxide 2.5%
Appropriate action against mild acne

† In a clinical test, the incidence of irritation was less with PanOxyl Aquagel 2.5% than with the two leading 5 and 10% formulations (Data on File, Stiefel Laboratories Limited, 1996).
Product Information. Presentation: PanOxyl Aquagel 2.5 is an aqueous gel containing benzoyl peroxide 2.5% w/w. Uses: For the treatment of mild to moderate acne. Dosage and Administration: The gel should always be applied to the affected areas once daily. Washing with soap and water prior to application enhances the efficacy of the preparation. Contraindications: Patients with a known sensitivity to benzoyl peroxide should not use the product. Caution: Avoid contact with the mouth, eyes and other mucous membranes. Side Effects: If excessive irritation, redness or peeling occurs, stop using the product and consult a doctor. Legal Category: P. Retail Price: 40g £3.10. Product Licence Number: PL0174/0019. Product Licence Holder: Stiefel Laboratories (UK) Ltd, Holstpuin Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU. Date of Information: October 1996.



Some people take more care of their glasses than their eyes.



Unfortunately, one problem no pair of glasses can correct is Age-related Macular Degeneration (AMD), the most common cause of irreversible vision loss in the elderly of the western world.¹

However, there may be evidence that antioxidant vitamin and mineral supplements can actually slow the progression of AMD.² That's why a leading global eye care company, Storz, has developed Ocuvite™.

With antioxidant vitamins A, C and E, as well as selenium and zinc, Ocuvite™ contains essential nutrients that help maintain ocular health.

So, to help ensure your customers keep their eyes healthy, use foresight - recommend Ocuvite™.

For sight
Ocuvite™
Multivitamin & Mineral Supplement



STORZ

Storz Ophthalmics, 154 Farnham Road, Gosport, Hants, PO13 0AS.

A hard act to follow

John D'Arcy found himself in the hot seat after the National Pharmaceutical Association's Board unanimously appointed him to succeed Tim Astill last November. He talks to Adrienne de Mont about the future

John D'Arcy is well aware that taking over from Tim Astill is one of the hardest acts that anyone could follow.

"If I were to have picked one person in the pharmacy profession who I wouldn't want to follow in the footsteps of, it would have been Tim. But it was an honour and a privilege to have worked with someone like that and, when I look back on my six years at the NPA, I'm amazed at what I've learned. One of my biggest regrets is that I can't learn from him any more."

In some respects it might have been easier to take over an ailing organisation: "You can then get in and start fixing it and it looks good! But that isn't the case here. Because Tim did such an excellent job, it will be a question of building on existing strengths."

One thing he is certain will continue is the NPA's accessibility to its members. Tim took pains to answer his phone personally when he could easily have hidden 'in a meeting'.

"This is an important aspect of a voluntary organisation," says John. "We're here to serve the members. They don't need to join and if we don't give them what they want, they won't. We will always try to avoid an ivory tower image."

He takes over at a time when 'you can't open the pharmacy journals without feeling an aura of gloom and despondency'. But he thinks there's much cause for optimism.

"Pharmacists do seem to be getting their voice heard at last. The White Papers preceding the Primary Care Bill are encouraging in that we're moving towards formal recognition as part of the primary care team. For years we've had platitudes from the Government that have never been translated into anything

tangible. Although perhaps we still need to be healthily sceptical, it seems we are finally getting pharmacy on the map."

One glaring omission is 'the bricks and mortar issue'. The 'Delivering the future' White Paper contained "a huge chunk" on improving GP surgeries. "It would be nice if the Government recognised the importance of pharmacies with a contribution towards premises costs," he feels. Too many businesses are struggling to keep afloat and have nothing left for reinvestment.

On the 'Pharmacy in a New Age' initiative, he says that, as the NPA speaks for 6,500 pharmacy owners, there is bound to be some disagreement with the Royal Pharmaceutical Society, which represents the disparate views of 40,000 pharmacists.

"We now need to decide what's good and bad and develop a strategy between us. We [the NPA] see ourselves as a 'doer' organisation. We try to convert a theoretical possibility into a practical reality. The NPA's professional development department is a response to

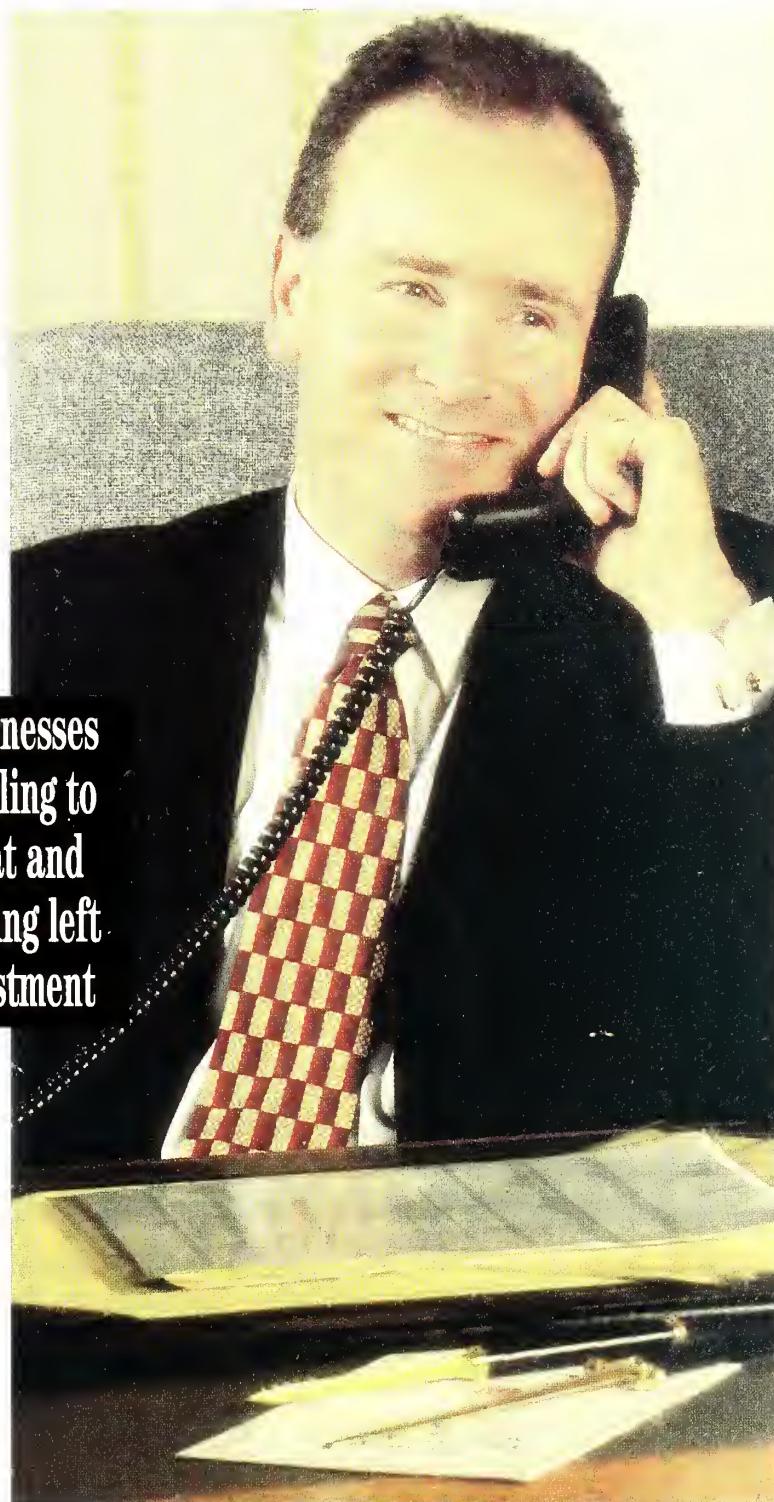
a changing environment and an agenda of local contracting. It intends to put pharmacy on the map with local agencies, be they health authorities, social services, schools or whatever," says Mr D'Arcy.

"In many ways we're a reactive organisation – responding to members' needs – but we've also got to build in a healthy level of proactivity so that we can control the agenda. There are a large number of threats you can't predict, and even if you do predict them, they sometimes take on a different dimension, so we try to develop a strategy to tackle them head on. I think one of the NPA's strengths is our responsiveness – if something's wrong, we try to get on to it right away."

An example of tackling issues head on is the recent decision to challenge the granting of a dispensing contract to Boots at Gemini Park.

"It seems that the contract was not based on the adequacy of pharmaceutical services, but on

Many businesses are struggling to keep afloat and have nothing left for reinvestment



John D'Arcy sees cause for optimism in pharmacy

consumer expectation that a Boots' pharmacy should dispense NHS prescriptions. This is potentially very dangerous for non-Boots' pharmacies," he says. Because of the enormous expense, the NPA does not embark lightly on judicial reviews. "We need to make priorities based on the interests of our

members as a whole. We need to ask – is there a reasonable chance of success and is it the most cost-effective use of members' money?"

He believes there will be many more court cases, because the definitions of 'necessary, desir-

Continued on P20 ▶

◀ **Continued from P19**

able, neighbourhood and adequate pharmaceutical services' are so flexible and subjective. An NPA strategy committee is looking into the whole business of rational location and other issues affecting the future development of community pharmacy.

Although keeping a close eye on Boots, he is not unduly concerned about the NPA's increasing multiple membership.

"The number of areas where there are conflicts because of our multiple membership are very few. Most of what we do benefits members equally, so we are speaking as much for the multiples as the independent. And where do we draw the line? If we decide the limit [for membership] is, let's say, ten pharmacies, we could have a member buying his 11th shop. Do we then ring up and say 'Goodbye, we can't have you any more?' In financial and political terms, it makes sense to have the multiples on board. We can go to the Government and say we represent a cohesive body of some 10,000 pharmacies."

One major threat to all pharmacies is the possible demise of Resale Price Maintenance. But again he's optimistic. He believes that the Community Pharmacy Action Group is doing a great job and he is impressed by the way

the issue has united the profession, as well as the industry.

"Globally, though, the biggest threat of all is the idea of being left out of the primary healthcare team - the feeling that we've suddenly missed the boat because we're not organised. Also, we could have the situation where a number of agencies are pitching for what we see to be the community pharmacist's role. Our aim is to ensure that local community pharmacy services are focused on NPA members."

This is part of a difficult paradox. "One of the community pharmacist's key strengths is accessibility on the High Street and independence from the surgery. It makes involvement in health promotion easier, as pharmacists are seeing people when they are healthy. But if the pharmacy is half a mile from the health centre, it's very difficult conceptually to become involved in ongoing strategies and discussions, so there's a risk of being sidelined.

"Add to this the difficulty of pharmacists going to meetings during the day, and you wonder whether there should be a complete reassessment of the way pharmacists manage their workload and their involvement in dispensing. But then you start moving into dangerous territory by suggesting that the pharmacist could leave the pharmacy. Phar-

macists should think about getting together in groups and harnessing their efforts. Ultimately, there's also a need for more multidisciplinary working."

Here again, the NPA is stepping in as a 'do-er' organisation. "We are considering ways in which pharmacists' skills can best be utilised. We are looking at local packages of care and deciding what will and will not work. At the end of the day, it must be commercially viable. If it is to work, any model must improve patient care and be financially workable."

The NPA is also taking action on members' concerns about manpower shortages and hopes to build on a survey carried out six months ago, in which employers who advertised job vacancies were asked about their success rates.

"No one could have predicted such a rapid change in demand for pharmacists, which has resulted from many different factors. Shops are open longer, people are less prepared to work a six-day week, more women -

who may take career breaks - are becoming pharmacists, and a number of new advisory positions are open to pharmacists. The whole issue needs to be looked at in terms of recruitment, retention and motivation. If the job had greater clinical involvement and autonomy in patient care, and the pharmacist's input was more valued, then it would be more satisfying."

Motivation is something that John D'Arcy does not lack. At 39 (not quite the Association's youngest ever director), he is far from daunted by the prospect that 'the buck stops here'. Instead, he is enthusiastic about the opportunity he has to influence the future of the NPA and of pharmacy itself.

"What I enjoy about working for the NPA is the people you meet, both inside and outside the profession. Every day is totally different. You couldn't wish for a more exciting, demanding, all-round job."

That is what he likes most, so what does he like least? For the first time, he is stuck for an answer.

Globally, the biggest threat of all is the idea of being left out of the primary healthcare team

DO3070 MAY 1996

Legal category: P. Product licence holder: Ultra Chemical, Tubiton House, Oldham OL1 3HS. Quellada is a registered trademark. Further information is available from the distributor: Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP.

TREAT COLD SORES AT FACE VALUE



Herpetad

Cold Sore Cream
ACICLOVIR CREAM 5% w/w

A cost effective alternative Aciclovir Cream

- Proven efficacy at a reduced price
- Attractive retail profit margin
- Full range of eye-catching in store consumer POS material
- Major Consumer Campaign

Please contact your Windsor Healthcare Territory Manager for full details and introductory offer or telephone the **Herpetad Hotline 01344 484448**.

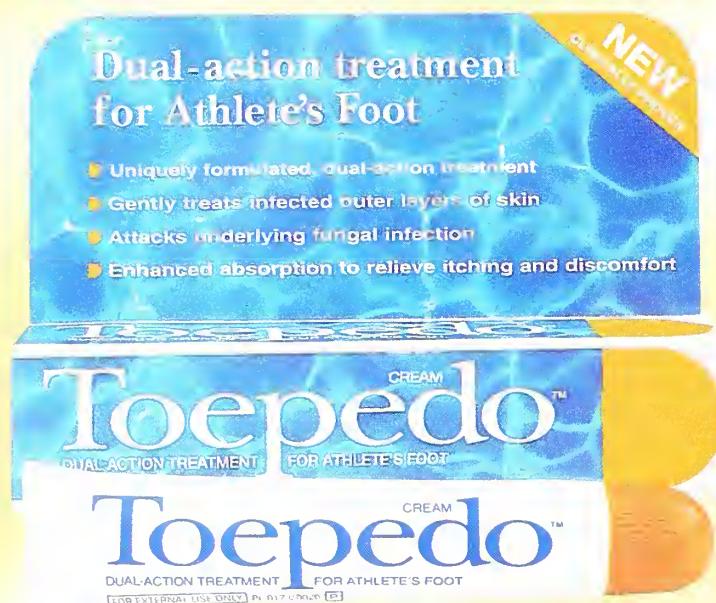
Windsor Healthcare Ltd., Ellesfield Avenue, Bracknell, Berkshire, RG12 8YS

Product Information, Presentation: Herpetad Cold Sore Cream containing aciclovir 5% w/w. **Indication:** recurrent herpes labialis. **Administration:** five times a day (every four hours), normally for 5 days. Discontinue if there is deterioration or after 10 days if there is no clinical benefit. **Contraindications:** hypersensitivity to any constituent or to polyoxyethylene fatty acid esters. Not to be used on mucous membranes. **Very immunocompromised patients should consult their physician before use.** **Pregnancy and lactation:** systemic absorption is minimal, so effects are expected. **Side effects:** Transient burning and itching; occasionally erythema, dryness, pruritis and desquamation; rarely contact dermatitis. **Product Licence Holder:** Tad Pharmazeutisches Werk GmbH, Germany. PL 04986/0007. **Distributed in the UK** by Windsor Healthcare Ltd., Bracknell, Berks RG12 8YS. **Legal Category:** P. **RSP:** 2g £4.69. **Prepared** January 1997.

Put your feet up

Win a luxury weekend break for two a

TOEPEDO PHARMACY COMPETITION



Foot Facts Sales hit the Target

Toepedo Cream has been the fastest-growing, pharmacy-only treatment for athlete's foot, soaring to the No.2 position in Pharmacy Sales within just four months of its launch.

Toepedo has actually stimulated a market that was in decline, growing it by more than 10% and capturing nearly 20% share of the expanding market.

Toepedo has enjoyed more promotional support – on TV, radio, national press, cinema etc – than all other brands put together. Advertising spend in 1996 amounted to more than £2M!

To celebrate sales reaching half a million packs, Toepedo is running a fantastic competition with a fabulous prize.

The Pharmaceutical Theory

Toepedo is a uniquely formulated cream that works quite differently from imidazoles.

Imidazoles interfere with fungal cell reproduction by weakening the fungal cell wall. When the cell divides, the wall membrane perforates so that neither of the new cells remain viable.

Toepedo attacks the fungal cells through its acid function. Benzoic acid penetrates the cell, equalising acidity inside and outside the cell membrane. The cell's constituents react by converting the internal acid to salt which, being water soluble, remains there. More free acid is then admitted to equalise the acid imbalance until the cell ceases to function and the infective process halts.

Toepedo's salicylic acid serves two purposes – it keeps the formulation pH low to stabilise the benzoic acid, and it

acts as a mild keratolytic to remove superficial infected skin and facilitate rapid action, for fast results.

The active ingredients in Toepedo provide the benchmark against which other antifungal preparations are measured. Comparison of benzoic and salicylic acids against clotrimazole in the topical treatment of ringworm and similar infections have demonstrated how the combination of these ingredients is able to match the effectiveness of the imidazole.⁽¹⁾

⁽¹⁾ Clayton et al. Brit. J Derm. 1973 89 298.



Consumer Research

The results of a recent survey of consumer respondent show just how popular Toepedo is.⁽²⁾

Over 90% of users found Toepedo effective

Over 90% of consumers indicated their intention to repeat purchase

⁽²⁾ In-house data November 1

...with Toepedo

one of the country's top health resorts!



in Minute toe-job!

pedo's speed of action helps explain its popularity with s. In an independently-conducted clinical trial, nearly e quarters of patients reported relief from itching and reported relief of soreness, within just 10 minutes single application! After one week's treatment, 89% rted relief from itching, 77% from soreness, and 68% i broken or inflamed skin. After two weeks, the eactive figures were 97%, 94% and 85%.

Don't take our word for it...

we received many unsolicited testimonials in praise of pedo.

"was astounded when, after only three applications, my feet were well and truly healed (and have been since). Your product certainly lives up to its claims" MRS Y.S. NEWTOWARDS "since my husband used your cream, no more scratching. It's fantastic and it really works" MRS M.P. OLDHAM

"Toepedo has been my saviour. My persistent athlete's foot has disappeared and I have new healthy skin between all my toes" MR T.K. KINGS LANGLEY

"I have now used your product Toepedo and my athlete's foot has completely disappeared. I am delighted" MRS B.R. SHAFESBURY

TOEPEDO SINKS ATHLETE'S FOOT - FAST!

benzoic acid, salicylic acid

salicylic acid BP. Directions: Apply a thin layer to the affected areas and massage gently until absorbed. Apply to blisters, rashes or any skin lesion for which TOEPEDO is not recommended. Do not use if sensitive to any of the

Foot Facts Quiz

Dendron is offering you the chance to win a fantastic, all inclusive, luxury weekend break for two at one of the country's top health resorts. To enter just fill in the answers to the questions and return the entry form to arrive by the 19th May 1997 to (no stamp required): Toepedo Competition, Entri Research Ltd, FREEPOST (EX782), Filleigh, Devon EX31 1YZ.

1. In a summary of consumer respondents what percentage of users found Toepedo effective?
 a) Over 70% b) Over 80% c) Over 90%
2. In a clinical trial how long did it take for a single application of Toepedo to give symptomatic relief to nearly 75% of patients?
 a) 10 minutes b) half and hour c) overnight
3. Within 4 months of its launch what was Toepedo's position in the Athlete's Foot market?
 a) No 1 b) No 2 c) No 3
4. Is Toepedo a Pharmacy-Only product?
 a) Yes b) No
5. In a survey of consumer respondents what percentage of Toepedo users indicated their intention to repeat purchase?
 a) Over 50% b) Over 70% c) Over 90%
6. What type of infection is Athlete's Foot?
 a) viral b) bacterial c) fungal
7. What conditions tend to worsen Athlete's Foot?
 a) hot, dry conditions
 b) warm, moist, unventilated conditions
 c) cold, ventilated conditions
8. In which area of the foot is Athlete's Foot most common?
 a) between the 4th and 5th toes
 b) between the 1st and 2nd toes
 c) on the sole of the foot
9. How is the Athlete's Foot infection most commonly spread between hosts?
 a) flakes of infected skin shed whilst walking
 b) in swimming pools
 c) body fluids
10. What are the symptoms of Athlete's Foot?
 a) white soggy skin, itching
 b) hard, knobbly skin
 c) a thickened, fluid filled pad of skin

Name _____

Pharmacy address (not home address)

Telephone number

RULES AND CONDITIONS

1. The competition is open to pharmacy staff over 18 years of age. Employees of Dendron Ltd, their families and agents are not eligible to enter. 2. All entries must be received by 19/5/97. The first correct entry drawn will win a luxury weekend for two at a Health Farm including meals and accommodation. 3. The prize is as stated. 4. The prizewinner will be notified by 6/6/97. The winner's name will be available, if required, from the competition organisers. 5. Proof of postage cannot be accepted as proof of entry. 6. The judges' decision is final and no correspondence will be entered into.

How far can pharmacy

What are the major issues bothering community pharmacists? In anticipation of the forthcoming Local Pharmaceutical Committee Conference on March 3, John Plant asked a dozen LPC secretaries about their concerns

Inadequate remuneration is by far the major concern of pharmacy contractors nationally. Half the LPCs contacted by *C&D* say that, after devolved pay, it is the most pressing local issue, too.

"The Department of Health has

KC&W is trying to extend the practice allowance but, as yet, there has been no progress

David Kent, Kensington, Chelsea & Westminster LPC



taken advantage of contractors over the past few years," comments Don Mulholland (Isle of Wight).

Alan Phillips (Durham) says: "The current roles are barely adequately funded. A deal should be struck whereby the savings that pharmacists make should go back to them. We need new money for new roles." Julie James (N & E Devon) believes: "Pharmacists should be receiving professional payments for professional services and there should be new money forthcoming."

For the Middlesex group of LPCs, Mike Levitan says: "We need to be looking at a new model of remuneration where the value of the dispensing service is acknowledged, but per-

LPC secretaries were asked to give their views on the following questions:

- What are the most pressing local issues for your LPC?
- What are the most pressing national issues for LPCs?
- What is your health authority doing to encourage the provision of pharmacy services?
- Are there any projects being negotiated or funded outside of the global sum?

haps as part of a wider pharmaceutical care package."

Among the other national problems mentioned are the issue of late payment and the low average gross profit – 16.1 per cent, according to the Pharmaceutical Services Negotiating Committee's Godfrey Horridge – that pharmacists make on NHS dispensing.

LPCs are also experiencing difficulties in securing local funding. "There is not enough; everything – rota fees and oxygen payments – has been pegged to last year's budget. It looks as if it is going to be the same for years to come," says Mr Mulholland.

Dudley's Patrick McGrath agrees: "There is a lack of availability of money through the health authority for extended roles. The HA is happy for pharmacists to have extended roles, but says there is no money to pay for them."

Avon's difficulties with budget-

Devolution: the biggest waste of time and money in decades

Pamela Meakin, East Norfolk LPC

ing for local nursing and residential homes have already been publicly aired (*C&D* October 12, p484). The DoH's insistence that budgets for growth areas such as these are fixed on historical spend means a shortfall in funding. Avon HA, like some others, has responded by rationing or restricting applications to provide services.

Mr Levitan echoes Avon's concerns. "How we maintain services provided for under the local pharmacy budget is a problem. An increase in demand does

especially for the supermarket pharmacies.

"Since devolution, the workload comes to three or four days a week, not two. It is difficult to obtain locum cover," says one concerned LPC secretary who also has job commitments (LPCs are funded by contractors – 10p per £100 income is standard, and the sum is used to fund the PSNC, too).

Four of the 12 LPCs contacted by *C&D* – Dyfed-Powys, Manchester, North & East Devon and Durham – specifically cited oxygen services as a problem, and are still trying to sort out contracts with their health authorities.

Manchester LPC has set up the fees structure for locally devolved oxygen, but future basic policy has yet to be decided, as has the payback figure for sets, says Ronald Dawson. Durham, meanwhile, has negotiated a deal where authorised holding is based on previous usage.

Some new LPCs are struggling to cope. Julie James (N&E Devon) says that the LPC is yet to have a contractor's conference to sort out care homes, oxygen and 'out of hours'.

Monitored dosage systems continue to aggravate LPCs. "Pressure is being put on pharmacists to supply MDS," says Sarah Byrt (Dyfed-Powys). "The LPC is trying to open negotiations with the social services and with the HA on funding for MDS in both homes and domiciliary settings."

Alan Phillips (Durham) believes that MDS ought to be funded, and that it is both economical and useful. He argues that the system pays for itself by reducing the number of patient admissions to nursing homes and hospitals as a result of bad compliance.

Problems at the top?

The machinations of the PSNC is a subject dear to most LPCs' hearts. "How will the PSNC create a more dynamic presence with the DoH, and how is the Committee going to function properly without a chief execu-

How will the PSNC create a more dynamic presence with the DoH?

Alaster Rutherford, Avon LPC



not sit well with a capped allocation. We will not tolerate a reduction in fees, so where does the money come from?"

Inner city LPCs have their own peculiar problems. Kensington, Chelsea & Westminster has a large number of pharmacies with a low dispensing volume. To support such contractors, "the LPC is trying to extend the practice allowance but, as yet, there has been no progress", says secretary David Kent.

Devolution

Devolution is described by East Norfolk LPC secretary Pamela Meakin as being "the biggest waste of time and money in decades. There are 105 LPCs and each is doing something different".



LPC secretaries complain that their workload is increasing, with the extra demands that local negotiations have brought and a growing number of contract applications,

run on an empty tank?

tive?" questions Alaster Rutherford (Avon).

Any move to change the Terms of Service for contractors also concerns him, as he believes that this may be used as a 'back door' to push pharmacies into complying with standards which should be set by the professional body.

Dudley LPC secretary Mr McGrath complains about the delay in receiving the Department's communications from the PSNC.

He received details of the DoH initiative 'Seizing the Opportunities - Funding for Development Projects' in December with a January deadline for bids for this year, and a February cut-off for next. He adds that the PSNC has contacted the DoH to try and remedy this matter.

Mr Levitan says a major issue for the Middlesex group is communication - getting contractors on board and keeping them there. "Hard-pressed contractors find it difficult to comprehend the direction in which their LPC is attempting to move and to find the time, while running a business, to keep abreast of the developments."

Other problems brought up by LPC secretaries include:

C&K LPC has a domiciliary visiting project that is being funded in part by social services

Andrew Dobson, Calderdale & Kirklees LPC



foods, which could be carried forward into neighbouring LPCs. Successful health promotion window campaigns in Ealing and Hounslow have attracted considerable interest from other HAs, he adds.

Calderdale & Kirklees LPC has a domiciliary visiting project that is being funded in part by social services, and a year-round on-call pharmacist scheme, funded by the HA, says Andrew Dobson. In Avon, the LPC is setting up locality teams for the supervised administration of methadone.

But all too often the problem is the one highlighted by Ms Byrt:

Making progress?

How are LPCs managing in the battle to secure funds on the NHS open market? Not very well so far, it seems, but there are indications of limited progress.

Pressure is being put on pharmacists for the supply of monitored dosage systems

Sarah Byrt, Dyfed-Powys LPC



Some projects are being funded with 'new money' outside the global sum and its devolved elements. Most, however, are pilot or short-term projects with a health promotion slant.

Barnet LPC can boast a medicines management scheme and an instalment dispensing initiative. In Brent, home visiting and the compliance aid project has "become more or less a commissioned service", says Mr Levitan.

Enfield & Haringey is hoping to clinch a deal with local trusts for the distribution of welfare

The HA would like to see the development of pharmacy services, but it has a resources problem and must find £8 million."

Mr Dawson says: "The HA has not got the money for provision of pharmacy services, but even if it had, its priorities lie in other areas."

Mr Mulholland is equally blunt: "There are no new initiatives, and there will be none unless pharmacists are prepared to work without financial recognition."

But in Newcastle, the health authority has promised to set aside money for a pharmacist-general practitioner liaison scheme. The LPC also has a scheme running in

which pharmacists give advice to GPs with a view to working in surgeries.

Newcastle LPC also has pilot schemes running for 'repeat dispensing', in which pharmacists receive scripts and monitor patients' response to medication and compliance, and one in which pharmacists have joined locality teams and help housebound and 'at-risk' patients alongside care workers, says Peter Lowe (Newcastle).

LPCs have problems, but most can be comforted by the fact that there is always someone worse off. Spare a thought for Kensington, Chelsea & Westminster. This inner-London LPC has a high proportion of pharmacies with low dispensing volume, the greatest number of Boots' pharmacies of any LPC - 41 out of 153 - and the largest number of non-contract pharmacies in the country. It also comes under an HA which is, in area, the smallest in England...

AAH Pharmaceuticals celebrates success of Hillcross ranitidine scheme



Customers of AAH Pharmaceuticals are participating in a scheme which allows them to buy ranitidine before it comes off patent in July.

The scheme was set up in conjunction with Generics UK, which obtained a licence allowing the sale of ranitidine from

February, and AAH Pharmaceuticals' Hillcross brand secured a substantial amount of stock for Hillcross customers.

AAH Pharmaceuticals warned that between now and July, when ranitidine comes off patent, stocks generally are expected to be extremely limited, only meeting about one-third of the expected number of generic prescriptions.

So to be as fair as possible to Hillcross customers, AAH Pharmaceuticals devised the popular system whereby the more they spend on Hillcross products the more Hillcross ranitidine they can order.

Based on an allowance of 40 per cent, for example, it means that for every £100 spent on Hillcross products in, for instance, March, the customer will be entitled to spend £40 on ranitidine in April.

- how to better integrate pharmacists into the primary health care team
- the need for better co-operation with other health professionals, including social services
- improving premises' security
- extension of needle exchange schemes

Are you properly



Simon Driver

Are you still having to wind your computer up each morning? Don't you think it is time for a change? Simon Driver, deputy managing director of John Richardson Computers, explains what you need to consider to take your system into the New Age

Look through any computing-related article in today's press and it is obvious that IT - information technology - has taken over the mantle of mystique and jargon previously reserved for the field of medicine.

The use of acronyms such as PCMCIA cards, EDO RAM, TFT screens, SCSI controllers and features like 256k pipeline burst cache, together with increasing use of 'computerspeak', serve to baffle and confuse the uninitiated, and reinforce the swiftly growing art form of computing snobbery.

So, if you do not understand the language, what should you be looking for in a computer? As with any other product, you generally get what you pay for. If you are prepared to compromise on quality, you should expect the



life and capability of the device to be relatively lower than a more expensive one. That's it. No mystique. Just common sense.

Ask any computer software supplier in pharmacy what is their biggest problem, and with one common accord they will tell you that it is the reluctance of the majority of pharmacists to invest in computer equipment.

Pharmacy computer suppliers do not recommend upgrading equipment to make more and more money out of you; the margins in computer hardware are probably the slimmest in any product available.

No, the simple fact is that low-specification hardware is the one common denominator constraining the advancement of software development.

Legacy systems are the bane of all new software development. Yes, of course you must take account of the current hardware in the marketplace, but it's the degree to which it must be acknowledged within pharmacy that gives rise to concern.

Microsoft has no such regard for this situation. You want to move onto Windows '95, look at

the specification that is required on the side of the box. Want to run it on an old 386? Don't bother phoning the company's help desk, they won't even remember what model chip that is!

So, what should you buy, in terms of computing, to run the typical pharmacy?

You need to remember that, as a pharmacist, you are generally looking for a total computing solution to achieve your business goal. All computer solutions are made up of three factors, irrespective of the size or scope of them. These are platform (type of computer), application (the program on it) and support for this combination.

To 'cherry-pick' certain parts can seem attractive, but may represent false economy. Unless one supplier can give you all these three sides to the triangle, then I would suggest that you will experience problems very quickly.

The platform

To be simplistic, the computer consists of a number of essential components.

These are the processor chip, memory, hard disc and screen.

However, the overall performance of the system is achieved by a combination of all these parts working together to achieve the optimum.

One would suspect that the faster the processor, the faster the computer would work, but that is not necessarily so. Other components within the machine could slow it down if they are under-specified.

Ideally, to cope with today's operating system - Windows '95 (and here there is only one standard because of Microsoft's predominance in the marketplace), you should purchase as a minimum requirement:

- a P100 Pentium processor with 8Mb Ram, preferably 16Mb, together with a 1.0 gigabyte hard disc
- an 8 x speed CD-ROM
- a random access back-up device, such as a Syquest or an Iomega zip drive, for security and archiving purposes

Because a major function of a patient medication record system is to produce good clear labels, then you will also need a good printer, either dot matrix or thermal.

equipped?

The sole reason for communication links outside of the pharmacy has previously been for electronic ordering provided by wholesalers. Some of these companies have only recently increased their communications speeds and, therefore, there has only been a requirement for the lowest-specification modems. Indeed, newer, faster modems have increased transmission problems because of the time they take having to drop down to the lower speeds in order to connect with their systems.

If you wish to communicate with the outside world through an Internet connection, modems should be able to transmit at 14,400 baud rate as a minimum.

BT's much publicised ISDN is likely to become the communications medium that we will all adopt within the next five years.

BT has been heavily criticised for its high installation and line rental costs. I would suggest that until these prices fall in line with other European countries, the number of people using it will continue to be small.

Only when links are established with other members of the primary healthcare team will the costs then become more justifiable.

The application

Software development is the single most expensive item in a software supplier's overall costs. To give the reader some idea, most software companies budget \$350-400 a day for a programmer. For example, JRC has already invested substantially in the development of the new Sunrise program.

The cost of this investment takes many years to recover and one must also take into account the ongoing development that will be required to maintain it, and respond to both the changing needs of pharmacy and any proposed Government initiatives.

Low-specification hardware is the one common denominator constraining the development of software

Specific applications, such as pharmacy software, are developed on a known hardware platform. Therefore, the potential buyer should be aware that off-the-shelf equipment with additional add-ons, such as sound cards, may potentially affect the smooth running of the software.

The customer should take these considerations into account when pricing up so-called 'cheaper' systems.

Support

This is probably one of the most overlooked requirements of any computer installation. Unfortunately, due to the growing complexities of systems, you will invariably experience problems with any computer. When it does go wrong, however, you need a fast and efficient resolution to either your software or hardware problem.

A hybrid system requiring support from more than one company can lead to a situation where no-one can even decide if you have a software or hardware problem.

Engineer call-out contracts can vary greatly. Nothing less than an 'eight hours to fix' contract and engineers equipped with full spares should be acceptable to any business.

In conclusion, more importantly than all the technical requirements and capability of systems, is the need for pharmacists to stop and think about that integral part of their business, which is computing. There is, and will continue to be, a requirement for continual investment within pharmacy. Indeed, lack of investment today could lead to higher costs tomorrow. Do not regard this investment as pure capital costs – information technology, when used correctly, will return additional revenue.

And, finally, remember: IT cannot be removed from the profession, as it is now an integral part of it.



Check it out

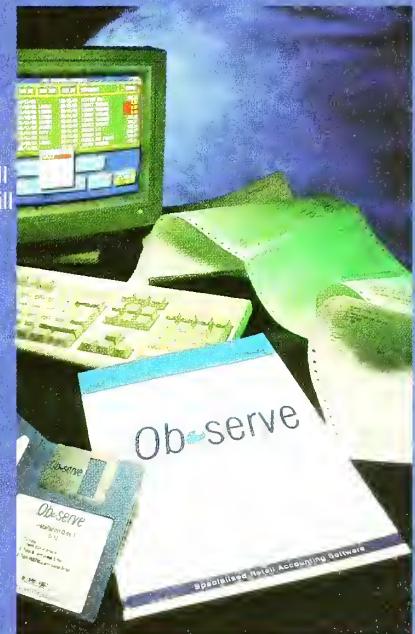
Observe Business Computing is planning to produce a cheque-writing facility on its pharmacy accounting software this year. It is also providing pre-printed stationery.

Observe's managing director, Rob Chapman, says the company is also working on an improved version of the NPA Clearing House system, whereby items can be picked from the screen and orders sent direct.

The pharmacy accounting system was launched last year, specially designed from more general accounting software. It is especially suitable for single or small multiple pharmacies. It will generate monthly VAT reports, as well as profit and loss, and audit trail reports.

Other features include taking into account the delay in receiving wholesalers' monthly statements and if any EPoS sales have been made on account. The program also checks to see if any zero discount items have been supplied.

Observe. Tel: 0116 277 3747.



Hand-held learning

The Welsh Centre for Postgraduate Pharmacy Education is still looking for sponsors for its program to put continuing education courses onto a hand-held computer system.

WCPPE director Dr David Temple says the project has received a grant from the Department of Trade and Industry, but still needs another \$20,000.

The Centre is working to condense software enabling its CE modules to be downloaded from the Internet onto Apple Newton Messagepads. These can then be used off-line, cutting down Internet usage time and costs (and freeing up the pharmacy PC for other tasks). It can also help screen out viruses from your PC.

Besides having a keyboard, the A5-sized Newton has an electronic 'pen' which can be used on the Messagepad screen. This is capable of turning handwriting into computer text.

WCPPE. Tel: 01222 874784.

How secure is secure?

Will there ever be a computer security system designed securely enough to let the health service use electronic links?

It would seem not, if a report in *The Times* is anything to go by. Last month, it reported that one of the most secure computer encryption codes of the US Government was broken in three and a half hours by a student.

His incentive to break the code, the most secure in the public domain, was the large financial reward being offered by a Silicon Valley computer company. Among other things, the code is meant to protect Internet credit card details.

Admittedly, the student linked up 250 university computers to complete the task of breaking a 40-digit code.

The reward remains for breakers of even more complicated codes.

The Internet is built to withstand a nuclear attack – it's here to stay. So instead of having a fit of technophobia, don those beach baggies and dive in because ...

Surf's up!



Have you taken the plunge? Have you been surfing yet? Well, perhaps you will when the Department of Health finally gets the NHS-Net up and running.

But why wait? The Internet is another tool that you can use to increase your professional abilities now. It represents an almost unlimited reference library and communications system that you can use in a number of ways.

The Net is one of the best ways of finding up to date information. Even in this pre-NHS-Net stage, pharmacy sites are blooming. One of the newest in the UK will be the Welsh Centre for Post-graduate Pharmacy Education, which is about to go live.

Director Dr David Temple says that the WCPPE will be the first of the regional centres to have a 'proper' Website. Items on the Net will include the Centre's continuing education packages and a video library service.

The Manchester-based CPPE is making plans to expand its single-page site within the year, says CPPE director Peter Wilson. Besides carrying information about the CPPE courses, the Centre also wants two-way communication, so that users can respond to the site.

Searching

By keying in a search word, a few seconds later you can obtain a list of up to 100 references, pulled from a few million sites on the Net.

However, the search facility will not take into consideration the quality of the material. Look

up a specific illness, such as chronic fatigue syndrome, and the search will include a lot of testimonials from sufferers, as well as 'authoritative' medical research sites.

Pharmweb provides another option. It collects various pharmaceutical pages on the Net into one location. Last month it held the first pharmaceutical conference to be broadcast live on the Net. It recently provided a search engine for its discussion forum archive.

The site started as a personal hobby for Dr Tony D'Emanuele at the School of Pharmacy and Pharmaceutical Sciences at the University of Manchester. January set a new access statistic record for the site, with over 250,000 page requests.

Royal Pharmaceutical Society head of information Roy Allcorn says that a Website for the Society is "a question of how and when, rather than if". The Commonwealth Pharmaceutical Association, the library and several of the Society's interest groups have their own sites, but there is no 'umbrella site' as yet.

A growing interest in the Net among pharmacists is demonstrated by the amount of use of the access site installed in the Society's library, he says.

Even though the development of the NHS-Net is tempered by questions of security, patient confidentiality and costs, the Internet revolution is set to occur with the health authorities, according to research from Rhys Roberts Associates.

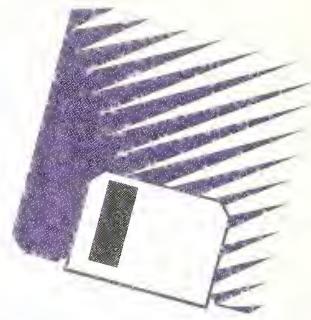
Although less than 10 per cent

of HAs are currently linked to the Net, RRA found that nearly half of the 95 HAs in England have firm plans for the creation of a Website in 1997.

The National Pharmaceutical Association's business services manager, Trefor Williams, says that the NPA site will be kept up to date, and offer features such as electronic conferencing. He hopes that, by late spring, the NPA will be able to offer a package which will encourage members to link up to the Net.

"We are learning as we go along," he says of the Internet. "We have to stop viewing it as 'technology' and make it no more frightening than making a telephone call."

On the business side, the Government is promoting business forums on the Web in its Information Society Initiative. The four-year ISI programme is particularly aimed at small- to medium-sized enterprises.



Traveller's tales

Pharmacists have yet to capitalise on the travel information side of things, says Chris Dawson, marketing manager for Pro Choice Applications.

Using a system such as Traveller or Traveller Lite, the pharmacist can offer medical travel advice comparable to that from travel clinics. Leeds pharmacist Nick Mason makes his Traveller pay for its upkeep by charging local companies for providing them with advice on travel requirements.

Mr Dawson says that resort-specific information will come in the next few months, useful for those customers who don't know which country their holiday resort is in.

Traveller can provide medical advice, updated monthly and verified by the Hospital for Tropical Diseases, for an itinerary of up to 20 countries.

Traveller Lite, designed by pharmacists for use in the pharmacy, is simpler, giving single country information. The system cross links with patient medication records and travel information is printed out on pharmacy labels, which should be attached to a special travel leaflet.

The printout recommends precautions and recommends vaccinations under four headings, as well as giving a list of general advice and additional purchase suggestions.

Traveller Lite is available for use with DOS applications, but a full Windows-based system is expected soon (Traveller is available in both formats).

The system will calculate malaria prophylaxis requirements, recommends second-line therapy if the first is not suitable, and will also calculate costs, with or without a professional fee.

All the Traveller programs distinguish between the type of travel, whether it is for a holidaymaker staying within the confines of the city with minimal disease risks to the backpacker going 'on safari' out in the bush. **Pro Choice Applications Ltd.**

Tel: 0114 285 4443.

.dotpharmacy

No article on the Internet could pass without reference to our own *dotpharmacy* site.

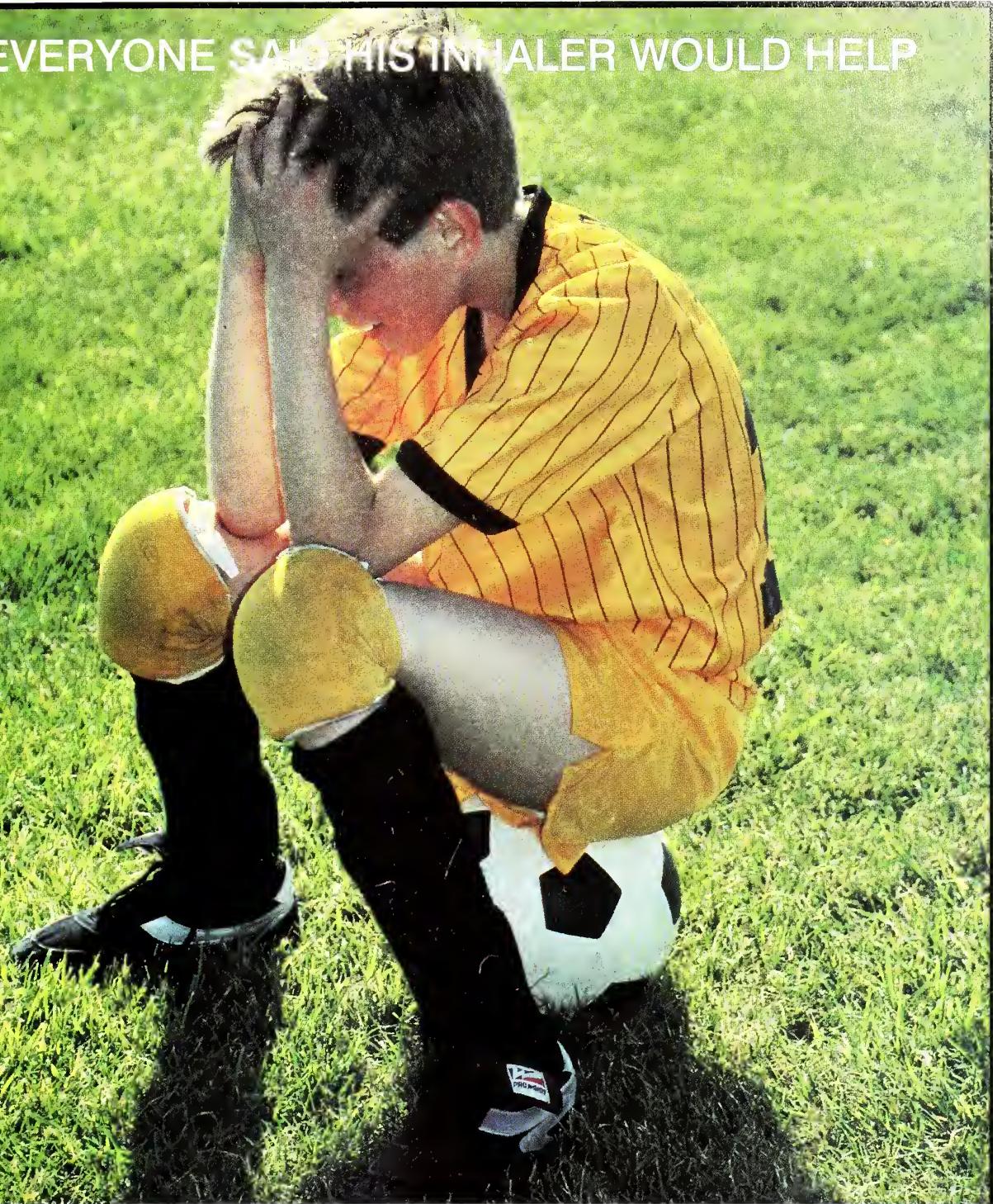
Key news items are put up on the site regularly during the week. For example, two recent product withdrawals were on *dotpharmacy* the afternoon the recalls were sent out. News breaking too late to be included in the weekly issues of *Chemist & Druggist* is added to the Website as soon as possible.

Since last summer, our College of Pharmacy Practice-accredited **Pharmacy Update** modules have been available with the questionnaires. Details of the Certificate in Community Pharmacy Management and the Cambridge Counterpart-accredited assistant training are also listed.

dotpharmacy now publishes e-mail 'letters to the editor' and plans include adding **Business Link**, *C&D*'s free subscriber trade service, and a search engine to help visitors find information contained in more than 100 pages.

So why wait? When the NHS-Net extends to pharmacists, it will be to your advantage to have used the system and to know the capabilities of a versatile tool. Improve your Net skills to enhance your professional and business skills, and you may find you are able to go surfing for real. (But do something about the Hawaiian shirt, please.)

EVERYONE SAID HIS INHALER WOULD HELP



You know that it should,
but he's never heard of compliance.

SunRise is revolutionary patient-centered pharmacy IT from JRC. It has in-built compliance monitoring programs to alert you if a prescription comes in early or late. It will assist you in identifying potential problems, so you can help and offer advice.

You're aiming for successful treatment, **SunRise** can help you achieve his goals

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For further information telephone us on
FREEPHONE: 0500 947116


SUNRISE
John Richardson
Computers

Windows hopping

Although criticised at its launch as being change dictated by Microsoft, Windows '95 has proved its worth and is now the operations system of choice for many computer users.

This spring sees the launch of pharmacy programs specially designed for Windows '95.

Sunrise

The emphasis in JRC's Sunrise program is on the patient rather than on the production of labels, says deputy managing director Simon Driver.

"The important differences lie in the new and progressive patient medication records, which allow for a very much more complete picture of the patient to be built up," he says.

Patient conditions can be recorded in three states: has, has not, or unknown, and the care program will then prompt the pharmacist to talk to the patient about their illness, giving advice on such things as compliance or a better idea of the condition, says JRC's marketing manager June Bryan. The company has been developing care programs on diabetes, asthma and heart disease, but there is scope for others, such as glaucoma, cancer and hayfever, she says.

Mr Driver sees Sunrise as far more than a piece of software for dispensing: "It is a genuine business and professional aid."

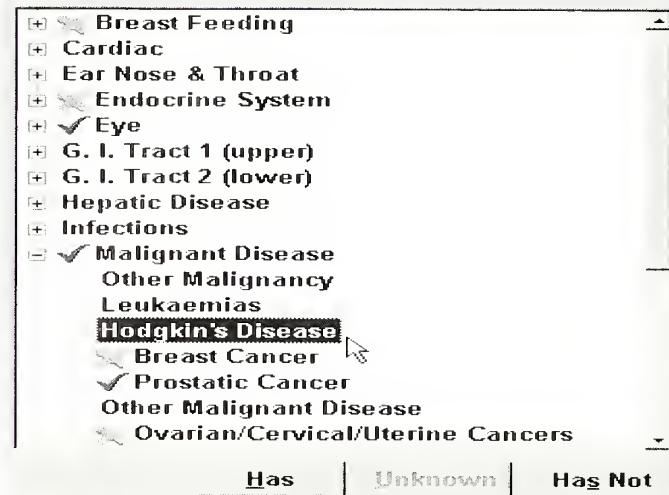
Sunrise provides the standard requirements for a pharmacy system, such as drug interactions (supervised by Dr Ivan Stockley), automatic ordering and stock control, nursing home programmes and VADIS, as well as patient information leaflets and reports.

It also has multi-user facilities supplied as standard. Having more than one terminal may be of benefit in a busy dispensary or can allow for a separate terminal in a patient counselling booth.

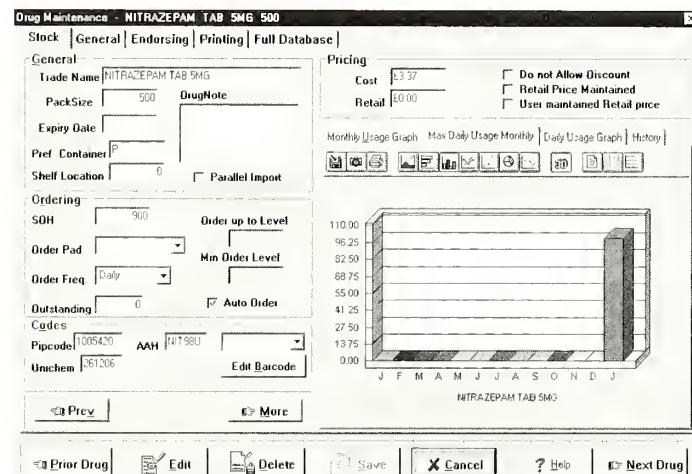
Sunrise can also be taken into the community, such as on nursing home visits, by loading it on to a notebook computer. Files on the main pharmacy computer can then be updated by exporting the appropriate files.

Head office software will be released later in the year. This will allow a head office to overview the activity of each of the branches, as well as allowing it to communicate to individual stores. Software for Scottish pharmacies is also being developed for Windows '95.

Conditions:



The Sunrise program shows registration of medical conditions for a patient in three states: has, has not or unknown



Pills Plus from Hadley Hutt Computing offers the greater flexibility of Windows '95

JRC sets minimum requirements for hardware to run Sunrise, but recommends higher specifications for multiple applications and faster processing. The basic recommendation is:

- Intel Pentium processor
- 75MHz
- 1Gb hard disk drive
- 16Mb Ram
- CD-ROM
- V34 (28.8kb) modem.

John Richardson Computers. Tel: 0500 947116.

Pills Plus

Hadley Hutt Computing has built on its successful Pills program to create Pills Plus.

Using Windows '95 instead of DOS provides a much greater degree of flexibility, says Hadley Hutt technical director Mark Provost. Windows '95 allows a user to "jump quickly from one task to another and go back to

the original task where you left off, when convenient", he says.

Pills Plus keeps many of the same keystrokes and codes as other Pills systems, says sales director Anna Butler. "The main attraction of Pills Plus is the operating environment. It makes everything so easy to do," she says.

Windows '95 was designed for use with a mouse, but Pills Plus can work solely on keystrokes if preferred. Ms Butler adds that those people not used to using a mouse "tend to gravitate" towards them.

The system offers improved visual features. For example, when endorsing, the screen has a representation of the prescription with endorsements in the left-hand column. Items can be moved around the screen 'prescription' if they have been dispensed out of order. The endors-

ing print size can also be changed if necessary to get all the details in the endorsing column. Labels and information leaflets can also be redesigned to make them much more visual if wanted.

Ms Butler says the report generators have created the most interest in demonstrations. They enable the pharmacist to compile a report on any aspect of patient information stored in the system. Similarly, the drug report generator gives information on any stock-related data. This could be a product's performance over the past year, and information can be presented in several styles.

"We are always getting requests for unusual reports. Now the pharmacists can design the reports themselves," says Mr Provost. One other report that the system can run is based on the FP34 to give pharmacists a better idea of what they are likely to be paid each month, and to control their cash flow better. A facility for Scottish prescription endorsement is also being developed.

IHC recommends Pills Plus should be operated with a P120 processor, with 32Mb Ram and at least an 850Mb hard drive.

Hadley Hutt Computing Ltd. Tel: 01905 795335.

Windows Head Office

Chemtec is launching the Windows version of its Head Office program this month.

Specifically designed for multiple pharmacy groups, it allows centralised collation of branch PMR and EPoS systems. It will also receive and process orders, provide picking lists and delivery notes for branches and other pharmacies, as well as invoicing.

Chemtec's programs all run in Windows or DOS, and are not exclusive to one system, says sales manager Terry Gordon.

The Head Office program is suitable for all sizes of organisations, from the small multiple to the wholesaler. It operates with Chemtec's Alchemist 3000 Dispensary Management System and the Prophet 2000 EPoS system. Depending on the features, prices start from around \$3,500.

Reports, such as top performers by volume and value in any product group, can be generated, and year on year comparisons from EPoS analysis are possible.

Chemtec Systems Ltd. Tel: 01772 622839.

Windows PMR

Park Systems is working on a Windows version of its PMR system, which managing director David Coleman says will allow integration of EPoS and PMR on the same circuit. However, current versions of PMR and EPoS systems can run on Windows.

Park Systems Ltd. Tel: 0151 298 2233.

Touch screen

Situations in which a member of the public can obtain medical advice without recourse to a health professional have been viewed with suspicion. Touch screen technology may be such a case.

However, the public has come to expect technology in a variety of situations. Providing a health-based touch screen system in the sales area of the pharmacy may increase their perception of the pharmacy's professional services.

Touch screens can have several other advantages: patients can find out about an ailment they would be embarrassed to discuss; workload can be eased, as patients go through the information at their own pace; and it can also prompt a patient to find out more from the pharmacist.

Pharmacy Information

Visual Response is relaunching its touch screen system for pharmacies. Pharmacy Information Point is based on an earlier system which had shared promotion, but Visual Response has now taken over sole responsibility for its product.

VR has been working closely with the National Pharmaceutical Association and has appointed a board of pharmacist consultants to provide the information in PIP and to develop health topics. The NPA checks information before it is included on the system.

Presentation has been improved so that the system is much more 'user-friendly', with a cartoon character helping the customer use the machine. As well as information about products or categories, the system will feature three health topics each month, such as HRT, smoking cessation and headache.

The system also contains information about prescription medicines, accessed by a 'secret' keypad on the screen. The pharmacist can use this information to emphasise any directions given with the medicine, or to discuss side-effects. The system will also be developed to provide staff training packages.

PIP is a stand-alone system running on Windows-based software. A special monitor is needed for touch screen access, and Visual Response is providing the complete system for about \$4,000, with a monthly licence fee of \$20. A printer is an optional extra.

VR marketing director War-

wick Bean says that the package will be self-financing, as the pharmaceutical industry has shown interest in sponsoring programmes as well as advertising.

Included in the price is the opportunity to have 20 pages custom designed for your pharmacy, giving such details as opening hours and services provided.

NPA business services manager Trefor Williams says the NPA Board has seen PIP and the product has NPA-promoted status.

"There were early fears that the pharmacist would not be asked questions," he says, "but if you give [the customer] a little information, they want to find out more."

Visual Response Ltd. Tel: 0171 378 7731.

Intouch with Health

Data Department, part of Hadley Hutt Computing, and Brann are continuing to develop the pharmacy version of Intouch with Health.

The system was initially used in GP surgeries, but Data Development's Dr Julie Hales says the company is tweaking the information to make it more appropriate for pharmacies. She is keen to stress quality will be maintained. Trial data is still being evaluated.

New components will include a guide to over the counter medicines. A facility for a pharmacy newsletter on-screen will also be available, and a health directory, a sort of local *Yellow Pages*, can be included.

An A-Z of the NHS section carries a wide variety of information, and the travel section, with information from the London Hospital for Tropical Diseases, will be expanded to include European destinations.

Intouch with Pharmacy is updated daily by ISDN link – installation fees will be included in the package, says Dr Hales.

Data Development Ltd. Tel: 01905 795335.

Eye screen

Moorfields Eye Hospital in London has a touch screen multimedia system on glaucoma in its outpatients department. Dr Julia Schofield has been involved in the project and a similar rheumatism system at St Thomas' Hospital. There are plans to develop a range of the units, called Media-books, and install them in stores such as Boots and Asda.

Julia Schofield Consultants. Tel: 0181 940 0982.

Getting ready to connect

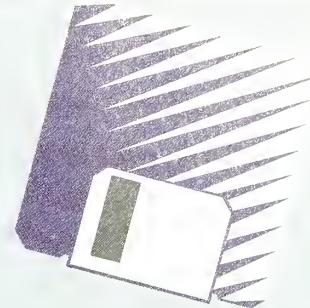
Mediphase is gearing up its Highway program to link into PRS's electronic prescription transfer system, Health Plus.

Projects manager Coll Michaels says that a piece of software is being written specifically for Health Plus to link in directly and to update Mediphase patient medication records from the surgery. With regards to patient record safety, Mr Michaels says Highway will be using the protection protocols from Health Plus. These are dependent on what link the PRS system uses.

Although Highway runs under the DOS operating system, it can be installed at the DOS prompt of a system using Windows. The company will see how Windows '95-specific programs develop, before considering a Windows '95 version of Highway.

It will start supplying 32Mb Ram memory as standard in the next few weeks. He adds that MMX 'superchips' are being considered, as he anticipates them replacing Pentium systems by mid-summer.

Another company preparing



for connectivity is Park Systems.

Its Park PMR System will generate repeat prescription requests and transmit them directly from the computer to the surgery by fax link.

The 'Prescription Medication Request' will produce a form giving a list of items selected for repeat prescription from the patient's medical history. This can be signed by the patient and sent to the surgery for collection by the pharmacist.

Park Systems' managing director, David Coleman, is hopeful the new system will be ready within the next few weeks.

Mediphase Ltd. Tel: 0181 420 7400.

Park Systems Ltd. Tel: 0151 298 2233.

MEMO's massive drug epidemiology database expansion

Scottish researchers are hoping to expand their pharmacovigilance and epidemiology studies this spring to include as many community pharmacists as possible.

By using ISDN lines, pharmacists will have virtually instant access to patient medication records, maintained in real time, as well as other data banks.

At the same time, a massive database on drug epidemiology will be collected by the Medicines Monitoring Unit (MEMO) based at Ninewells Hospital and Medical School, Dundee. MEMO has been collating data on a variety of drug issues, such as adverse drug reactions, disease group therapies and continuing drug safety monitoring.

The Pharmacy Link Unique Patient Identifier System (PLUS) has been tested by MEMO with Tayside pharmacists and 400,000 patients. MEMO is still verifying the results of the Tayside trial. It is looking to include all of the 5 million patients in Scotland, and eventually the rest of the UK.

PLUS will enable MEMO to have a real-time database. At present, information is entered by hand, once the Prescription Pricing Division has priced the scripts and sent them to MEMO.

MEMO relies on the ten-digit Unique Patient Identifier or

CHNo which has been assigned to every patient in Scotland.

It has only been recently that a similar patient identification system has been given to English patients. It will still be a few years before the amount of data generated by English patients will be large enough to be of value in MEMO's studies.

MEMO sees several advantages to using PLUS: pharmacists may receive payment more promptly, providing data is shown to be accurate and reliable; the costs of data entry for the PPD and MEMO will be reduced; and prescribers will be able to receive patient specific data about their prescribing.

The study relies on dispensed, rather than prescribed medicine, records due to the significant number of patients who do not have their prescription dispensed.

At present, most pharmacists are familiar with modems to send data, eg sending orders to the wholesaler. However, modems can take up to 40 seconds to connect and then require more time to download information, followed by disconnection, with the routine repeated every time a new batch of data is to be sent or received. ISDN is a much faster system as connections are almost instantaneous.



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... a good deal for
the customer...



... a great deal for you

PRODUCT INFORMATION: Soothelip For Cold Sores contains 5% of aciclovir in a smooth white to off-white cream. It also contains: cetyl alcohol, dimethicone, heavy liquid paraffin, polyethylene glycol – 5 glyceryl stearate, propylene glycol, sorbic acid, white soft paraffin and water. **Indications:** the treatment of infections caused by the herpes simplex virus, such as cold sores. **Dosage and Administration:** cream should be applied to the affected area five times daily about every four hours for five days. If the cold sore has not healed after five days, treatment may be continued for a further five days. If the cold sore has not healed after ten days or gets worse during treatment, a doctor should be consulted. **Precautions and Warnings:** Patients should be advised to seek the advice of a doctor before taking Soothelip if: they are pregnant, plan to become pregnant or are breast feeding, if they are allergic to any of the ingredients in the cream, or if their immune system is not working properly. Soothelip should not be used for herpes infections of the eye, inside the mouth or genital areas. **Product licence number:** 0142/0426 **Licence Holder:** Cox Pharmaceuticals, Barnstaple, EX32 8NS. **Sold and Distributed in the UK by:** Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA **Legal Category:** P **Price:** £4.25 for 2g **Date of preparation:** February 1997.

It's a case of helping us to help you ...

By sending out a National Pharmaceutical Association questionnaire it seems that I've irritated **Xrayser** and, on the face of it, I can see why. Every business person needs to be wary of divulging sensitive information, but I think **Xrayser** would be surprised to know how much information about him is already out there in the hands of enterprises that may pay no regard at all to matters of business confidentiality. The NPA is ultimately controlled by its members and their interests are absolutely paramount.

As well as business statistics, our survey asked about services that pharmacies provide, and pharmacists' attitudes to the future of pharmacy and training. I hope owners will at least tell us about things like these – they will be a great help in understanding our members' needs.

When it comes to leasing selected elements of the data, we will operate a strict policy. The clients will be drug, OTC, toiletries and baby product suppliers and the like who already hold data about their customers but are willing to pay for better quality and more refined information. Income generated by NPA Database Services will be used to improve our ability to meet the ever-increasing needs of the NPA's 10,000 member pharmacies.

Trefor Williams
NPA business service manager

The best of both worlds?

I should like to congratulate you on the excellent profile of the Patients Association in the February 8 issue of *C&D*.

It seems to me that the PA has cut to the centre of the profession's ambitions in a short time. Its vision of the contribution we can make to healthcare is a model for that produced, so far, as a result of the consultation process 'Pharmacy in a New Age'.

A word of warning, however. While I am excited and optimistic for this role for pharmacists, no one yet has worked out how we will balance this advance with the inevitable down-sizing of the network of community pharmacies. Add to that the de-skilling of the dispensing/checking procedure and all the alarm bells go off. The

trick will be to get the best of both worlds. The doomsday scenario is that, if we hesitate, we will lose it all.

There will be inevitable tensions between contractors and individual pharmacists fighting for the survival of pharmacies and advancing pharmacy in GP surgeries respectively. The profession as a whole will need to be very supportive of the Council of the Royal Pharmaceutical Society as it promotes and develops the best course of action for all of us.

To return to the PA, we must remember that, in the end, success as a profession will only come if we align agendas in such a way that they satisfy all of the parties.

Peter Curphey
Isle of Man

Level playing field needed

I do not know in which branch of industry 'a senior industry manager' is employed, but I feel that his contribution to your pages (*C&D* February 15, p7) is naive, to say the least.

Pharmacy, if he has forgotten, is a profession, and for a profession to stoop so low as to enter into a price war should be beneath its dignity. Independent pharmacies in the UK do not wish to have to compete on price, and probably only a minority have the Numark promotions he seems to think are the saviour of independent contractors available to them.

What independent contractors need from industry is a level playing field. They are at a severe disadvantage in that the pharmaceutical industry treats multiples and the largest independent contractors differently from the majority.

If significant volumes of proprietary medicines are supplied to some companies at a price enabling them to be dispensed against generic prescriptions, then this facility must be offered to all. Anti-trust legislation in the USA exists to protect the small against the predatory ambitions of the large. It is a pity that our Government is not willing to consider such legislation in the UK.

Industry representatives are both naive and disingenuous if they believe that proposing that professionals enter into an OTC price war will be the saviour of pharmacy. If industry really cared about the position of the independent pharmacist, then it would stop

a most significant advantage which it makes available to the strong at the expense of the weak.

David Kent
Secretary, Camden & Islington LPC, Kensington Chelsea & Westminster LPC

Wrong to parade estimates as facts

In your article 'Pharmacists accused of fraud' (*C&D* February 15), you quote Mike Siswick of the Prescription Pricing Authority as saying that £30-£60 million of fraud is a "well accepted fact".

Surely if, as he also says, we are awaiting a report on this matter, it is irresponsible to parade estimates as facts.

It seems there is a shortage of community pharmacists. If, therefore, we are asked by our employers to behave in a fraudulent and unethical way, surely it is not too hard to refuse.

B P Curwain
Christchurch

Concerns about OTC H2 antagonists unfounded

In recent years, the deregulation of a range of medicines to the P category has provided pharmacists with an enhanced portfolio of safe, efficacious and modern products they can recommend with confidence. The initiative has greatly enhanced the community pharmacist's standing, and has helped the public gain easier access to effective treatments for simple ailments.

You recently reported the research by Erwin et al published in the *British Journal of General Practice* (*C&D* February 8) drawing attention to some of the apparently negative attitudes and safety concerns about OTC-supplied H2 antagonists held by those GPs responding to the survey (almost 40 per cent did not return their questionnaire).

A need for industry, and perhaps the local pharmacist, to better inform GPs about these new medicines may have been identified. However, I believe the significant message in the paper, missed in your report, was that "concerns about masking serious problems with lower doses of H2 antagonists is both paradoxical and unfounded".

Pharmacists should remain confident that H2 antagonists are safe and effective

remedies for indigestion and heartburn, suitable for a broad range of patients.

Mike Price
Bromley

Promotion of medicines

An article in *C&D* January 4 about the resignation of Norton Healthcare from the Association of the British Pharmaceutical Industry as a consequence of an adverse ruling under the ABPI's Code of Practice gave rise to two letters in your correspondence columns.

May I first point out that the ruling was not made by the ABPI but by the Medicines Code of Practice Authority, which was established to distance decisions on the Code from the ABPI itself.

Kenneth Simms (**Letters** *C&D* January 11) equates Norton's offer of consumer goods and gift vouchers in return for POMs with a discount. That is not our view. A discount is a financial matter and is allowed under Clause 18 of the Code, but the offer of such things as mountain bikes in return for orders is not a discount.

Mr Simms queries whether 'winning and dining' prospective buyers or prescribers is permitted. Clause 19 of the Code deals with such matters. Although there is much talk about excessive hospitality, we have little evidence of it. If Mr Simms has, then he is at liberty to submit a complaint to the Authority.

Dr P A Vane (**Letters** *C&D* January 18) misinterprets the situation with regard to the involvement of the Medicines Control Agency. The MCPA is a body operating a self-regulatory system. We deal with complaints which we receive relating to ABPI members and those non-members who have agreed to comply with the Code of Practice and accept our jurisdiction.

There are, however, one or two companies that are not members of the ABPI and which have declined to accept our jurisdiction. Clearly, we cannot deal with them and if we receive complaints about these companies, then they are passed on to the MCA.

Nothing that we do prevents the MCA from taking action itself on a matter if it sees fit. Our activities supplement those of the Agency rather than supplant them.

David Massam
Director, Prescription Medicines Code of Practice Authority

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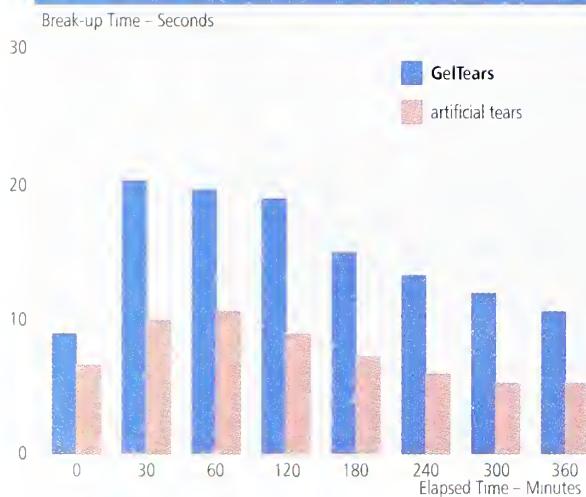
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Marketing Authorisation Holder: Chauvin Pharmaceuticals Ltd, Ashton Road, Harold Hill, Romford, Essex RM3 8SL. **Basic NHS Price:** £2.90. **Legal Category:** P

Date of Preparation: August 1996.

Reference: 1. Marquardt R, Christ Th (1986). Corneal Contact Time of Artificial Tear Solutions. *Klin. Mbl. Augenheilk* **189**: 254-257
2. Mencucci R. *et al* (1988). Dry Eye Syndrome; a New Eye Gel Treatment. *Annali di Ottalmologica e clinica oculista* **119**: (12) 1313-1324.
3. MIMS. January 1997

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*compared with alternative therapies³

SB 'engine for growth' in gear

Smithkline Beecham met City expectations with pre-tax profits up 14 per cent to \$1,545 million for the year to December 31 (including currency fluctuations).

The company's turnover rose 13 per cent to \$7,930m, but the strong pound during the fourth quarter lopped off \$29m from its potential pre-tax profits.

During the fourth quarter, the company's pre-tax profits rose 14 per cent to \$442m, while its sales grew 11 per cent to \$2,150m, compared with the same period last year. The strong pound reduced SB's profits by \$35m during the period.

The company says its growth rate this year will remain in "double digits".

Jan Leschly, SB's chief executive, says new products remain its "engine for growth". Its OTC sales rose 20 per cent to \$1,396m during the year, partly because of new smoking cessation brands Nicoderm CQ and Nicorette.

Following the US launch of Nicorette in the first quarter, and that of Nicoderm CQ in the third, the products' combined sales totalled \$221m. Mr Leschly says they account for 90 per cent of the US smoking cessation market.

Panadol's sales, meanwhile, rose 10 per cent to \$166m. Those of oral care products grew 19 per cent to \$529m. Aquafresh's sales rose 24 per cent to \$258m – it performed especially well in Europe.

The company's gastro-intestinal sales, including those of Tums and OTC versions of Tagamet, fell 6 per cent during the

year, but they rose 11 per cent over the fourth quarter because a 200mg version of Tagamet HB was introduced in the US.

SB's consumer healthcare division, which comprises its OTC medicines, oral and nutritional healthcare businesses, increased its sales by 16 per cent to \$2,327m during the year.

The company says the division has benefited from the "geographic reach" it has acquired by purchasing Sterling Healthcare. Its pharmaceutical sales rose 18 per cent to \$1,299m, one-third of which was on new products.

New product sales grew 37 per cent, showing the strength of SB's portfolio, according to Mr Leschly. Worldwide sales of Seroxat/Paxil rose 42 per cent to \$706m – they grew 51 per cent in the UK.

Kytril's sales rose 31 per cent to \$203m, fuelled by the launch of an oral formulation.

Augmentin remains the company's top-selling drug, with sales up 4 per cent to \$868m.

SB is building up its portfolio. "We filed 154 approvals last year in 24 developed markets – no other company has done that much," says Mr Leschly.

It also has a number of products in Phase III, which include Memric, a partial antagonist for Alzheimer's disease; and BRL 49653, a treatment for diabetes.

It wasn't all success. Sales of Tagamet/cimetidine fell 41 per cent to \$218m, those of Amoxil 24 per cent to \$260m, and those of Timentin 5 per cent to \$82m.



SB chief Jan Leschly

SB says it has maintained its margins despite investing \$703m on R&D last year.

Its balance sheet is looking strong – its free cash flow doubled to \$758m, and it issued \$750m of preference shares during the year. This, together with its retained earnings, reduced its borrowings to \$1,640m and its gearing to 69 per cent.

Mr Leschly refuses to confirm whether SB is looking to acquire another company.

He remains confident about SB's activities in the giant shadow of Novartis. "If Novartis is going to be successful, it has to look at its [product] pipeline. Size alone doesn't matter. It doesn't help if you double in size, because you have to double your new product development. And the bigger a business becomes, the more complicated it is. We've

got the size to succeed," he says.

While the Department of Health is talking with the Association of the British Pharmaceutical Industry over the Pharmaceutical Price Regulation Scheme, Mr Leschly remains pragmatic.

"We want free pricing and a free market. And why not? A free market has reduced prices in the USA. Why not have it in Europe? If that is not possible, the best of the other evils is the PPRS," he says.

Freedom to move brands between countries is another matter. Mr Leschly says he is unhappy with the European Court's recent ruling in favour of parallel imports. But he says the fight is not yet over and that SB is still lobbying hard at the EC.

In-store GPs for Boots?

Boots is organising a trial to install GP surgeries in some of its stores. The company says it is talking to a "very small number of GPs", who will be invited to set up their surgeries. The arrangement would be a partnership, with the GPs probably renting floor space. Major Boots' stores will probably take part, although the chain has yet to decide the exact locations and the date of the trial. The company is also exploring other opportunities to work with GPs.

Hyde sues AAH

Richard Hyde, formerly general manager of AAH Pharmaceuticals' hospital division, has issued a writ against the company to seek damages for breach of contract of employment, malicious prosecution and malicious falsehood. AAH sacked Mr Hyde in 1993. In 1994, Liverpool's industrial tribunal decided unanimously that he had been dismissed unfairly. The company had also pressed criminal charges against him, from which he was acquitted at Warrington Crown Court in 1994.

SSS acquisition

Southern Syringe Services has acquired AAH Medical, which offers custom-made theatre procedure packs. AAH Medical is based in Chesterfield, where it has a warehouse with 22 employees. SSS says the company complements its medical and surgical distribution operations. As a result, it says it will be able to offer a wider range of products.

'Responsible Person' role model now available

The Medicines Control Agency has at last cleared the 'Responsible Person' package, which defines the roles and responsibilities of such a person under the EU Wholesale Directive.

It requires that all premises that have a wholesale dealers licence should have a nominated Responsible Person. This includes not only wholesalers but the majority of manufacturers.

The package was drafted in consultation with the MCA and manufacturers. It is available for \$100 (plus VAT) from the training manager, AAH Pharmaceuticals, West Lane, Runcorn, Cheshire WA7 2PE. The British Association of Pharmaceutical Wholesalers is advising members that a one-day seminar on the Directive will be held later in the year, attended by MCA inspectors.

R&C renews Argos merchandising scheme

Reckitt & Colman has renewed its merchandising scheme, which offers Argos vouchers to participating pharmacists.

R&C runs the scheme with Argos Business Solutions, which is the incentive division of Argos, the catalogue store chain.

C&D understands that more than 1,000 pharmacists around the country are involved. Under an agreement, each displays an

R&C merchandising unit on the medicine counter for 12 months. The unit is remerchandised every two months. In return, the pharmacist receives Argos vouchers.

Richard Jones, R&C's sales operations manager, says: "The range of products offered by any High Street branch of Argos, where the gift vouchers can be redeemed, seems to have inspired our target audience."

Setback on rate relief for rural pharmacies

Rural pharmacies now look unlikely to qualify for mandatory rate relief under the Local Government and Rating Bill.

The Pharmaceutical Services Negotiating Committee, supported by Plaid Cymru MP Daffyd Wigley, has been lobbying for pharmacies in villages with populations of 3,000 or less to be included in a rate relief scheme

for small businesses.

The local government minister, David Curry, has written to Mr Wigley saying he does not believe it will be possible to extend mandatory rate relief to pharmacies.

However, he says rural pharmacies will be eligible for discretionary rate relief, 75 per cent of the cost of which will be borne by the Exchequer.

Plastic containers to cut waste

Manufacturers and wholesalers are aiming to trial reusable plastic drug containers from June 1.

Heavy-duty plastic boxes will be used in the trial to transfer finished goods from manufacturers to wholesalers. In theory, they should replace the cardboard boxes currently being used.

The initiative is being undertaken with a view to cutting down suppliers' liabilities under the EU Waste Directive.

About 4,000 plastic containers will be produced initially for the trial. If it is successful, a lot more will be produced quickly.

The trial will involve six wholesalers and eight manufacturers, and follows two years of research by a manufacturer/wholesaler joint working party.

David Porter, Astra Pharmaceuticals' business manager for trade relations, says a lot of work still needs to be done before the trial. Fifty manufacturers, all associate members of the British Association of Pharmaceutical Wholesalers, have been approached to take part. Mr Porter says two to three major companies have agreed.

"We've also got all the big wholesalers involved, plus some independents," he says.

Two major plastic container manufacturers are vying to produce the reusable boxes. Health-care Logistics, a company based in Ivor, Bucks, will organise the container pool.

"The target is to achieve an industry standard (for plastic

containers). Each container would be rented by manufacturers on a trip basis," says Mr Porter. Another target is that each container's fee should be \$1 or less, which is the cost of an equivalent cardboard box.

Mr Porter adds that plastic boxes should save wholesalers money because they would not have to dispose of them, whereas they currently have significant disposal costs for manufacturers' cardboard boxes. (Manufacturers' outer cartons are currently used three times before the wholesaler discards them.)

"We want to do away with this wastage by using reusable containers, which would be recycled straight out of wholesalers' premises," says Mr Porter.

Cosmetics ingredient labelling delay

Enforcement of labelling of cosmetics to comply with the Cosmetic Products (Safety) Regulations 1996 has been delayed, says the Cosmetic Toiletry & Perfumery Association (C&D January 4, p5).

In recognition of a delay in drawing up the Cosmetic Inventory, there will now be no enforcement on ingredient labelling

until December 31, for products supplied by manufacturers to retailers; and until December 31, 1998, for products supplied to the consumer.

The sixth amendment to the European Cosmetic Directive required the inventory to be drawn up by December 14, 1994, but it wasn't published until June, 1996.

New 'Orange Guide' to be published soon

A revised and expanded edition of the 'Orange Guide' will be published on February 27.

The guide contains a new section for wholesalers based on Directive 92/95/EEC, dealing with wholesale distribution, the guidelines on Good Distribution Practice and UK guidance on the duties of the Responsible Person.

The guide, ISBN 0-11-321995-4, costs \$17.50 and is available from the Stationery Office, Publications Centre, PO Box 276, London SW8 5DT. Credit card orders: 0171 873 9090. Fax: 0171 873 8200.

Numark issues training prospectus

Details of Numark's management training programmes are now available in a prospectus, called 'Getting the Balance Right'.

The Numark Smithkline Beecham Consumer Healthcare Management Training Programme offers pharmacists two options. They can study for a management NVQ level 4/5, which is run by BDMG Consulting at a cost of \$2,000 (outside funding and BDMG's commitment could reduce this to \$1,330).

Alternatively, they can opt for a postgraduate qualification from John Moores University. Numark has yet to finalise whether this course will be held during weekdays or at weekends. It costs about \$800, which could be reduced if the company can find other sources to help fund it.

The prospectus also has details of the Latham Crossley and Davis strategy day programme, which is designed to tie in with the post-graduate course.

Restructure costs hit Medeva profits

Medeva's operating profit (excluding restructuring costs) rose 35 per cent to \$105.1 million for the year to December 31.

Its sales grew by 30 per cent to \$332m. Like for like sales were up 15 per cent.

However, Medeva's results were affected significantly by restructuring charges of \$65.2m, associated with the businesses it acquired from Rhone-Poulenc Rorer last year.

Taking into account these charges, the group's operating profits fell to \$39.9m, compared with \$78.1m last year.

The group's UK sales grew 2 per cent to \$77m, compared with those of 1995, but its operating profit fell 7 per cent to \$12.5m. Medeva says that this was due mainly to marketing costs for its new products.

These include Trandate, an alpha/beta-blocker to treat high blood pressure, and Micanol, a psoriasis treatment. Medeva comments that the new products will "contribute significantly to progress in the UK" when they become established.

One of Medeva's best performers was methylphenidate, a drug for the central nervous system, whose sales rose 25 per cent to \$108m.

COMING EVENTS

SATURDAY, FEBRUARY 22

Stirling & Scottish Branch, RPSGB

Stirling Management Centre, University of Stirling, dinner dance.

MONDAY, FEBRUARY 24

Ayrshire Branch, RPSGB

Piersland House Hotel, Troon, 8.00pm. A Burr, Council member.

TUESDAY, FEBRUARY 25

Leicestershire Branch, RPSGB

Clinical Education Centre, Leicester Royal Infirmary, 7.30 for 8.00pm. 'An overview of evidence-based medicine' by Dr Kent Woods.

Slough & District Branch, RPSGB

John Lister Postgraduate Medical Centre, Wexham Park Hospital, Slough, 7.15 for 8.00pm. 'Palliative care for terminal pain' by Dr Lietta Bangham, MacMillan consultant in palliative care.

South Lincs Branch, RPSGB

Lincolnshire Oak Hotel, East Road, Sleaford, Lincolnshire, 7.30 for 8.00pm. 'Paramedics and the ambulance service' by Trevor West and Stuart Wilkinson.

WEDNESDAY, FEBRUARY 26

West Herts Branch, RPSGB

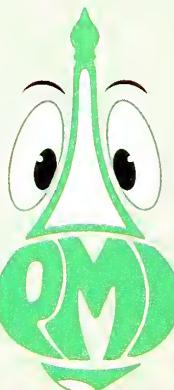
BUPA Hospital, Ambrose Lane, Harpenden, 7.30 for 8.00pm. 'The Drug Tariff' by Susan Jones, teacher/practitioner.

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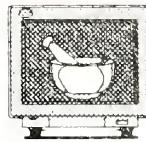
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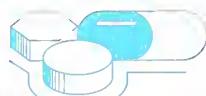
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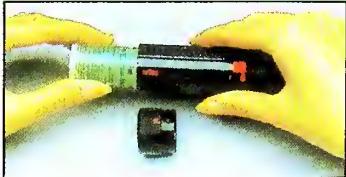
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high purity 150iu inj, Suprefact,

Inderal LA 160mg caps, Seroxat 20mg (long exp). Tel: 0181 349 2909.

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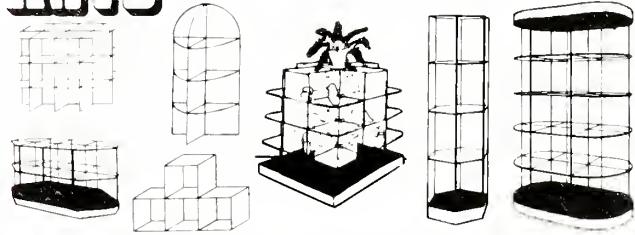
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TRADE LESS 20%+VAT - 20 Saizen vial and solvent 4iu. Tel: 0171 790 0625.

TRADE LESS 50%+VAT - 3x10 Conveen 5062, 3x10 Conveen 5151, 2x30 Conveen 5210, 1x100 Lopid 300mg (exp 3/98), 10 Penbritin 500mg inj (exp 1/99), 30 MST continuos 200mg (exp 4/97). Tel: 0181 800 4876.

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TRADE LESS 50%+VAT - Valtrex 500mg x 42 (exp 5/97), trade less

30%+vat - 2x28 Monocor 10 (exp 6/99). Tel: 01371 830260.

TRADE LESS 30%+VAT - 112 Risperdal 3mg, 42 Cyprostal 100mg, 4x84 Molipaxin 50mg, 2x100 Serenace 5mg, 3x28 Diamox SR, 2x28 Slozem 240, 2x120mg, 1x180mg. Tel: 01223 246535.

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LPC secretary rights some wrongs in Downing Street

Liverpool LPC secretary Jeremy Clitheroe spoke to health minister Gerald Malone about pharmacy fraud (C&D February 15, p4) on his first-ever visit to 10 Downing Street on February 13.

"I tried to defuse the situation and illustrate the true perspective of the problem," says Mr Clitheroe.

Mr Clitheroe has talked about pharmacy fraud with Mr Malone previously, when Virginia Bottomley was secretary of state for health. He produced a 13-page

document which showed that most fraud was due to "erroneous and invalid declarations" made by the public.

Royal Pharmaceutical Society president Ian Caldwell, Edinburgh Sick Children's NHS Trust chairman Graham Millar and over 100 NHS personnel attended the reception which was hosted by the prime minister, John Major, assisted by his secretary of state for health, Stephen Dorrell, and health minister Gerald Malone.



Dawn Walker from Morpeth, Northumberland, has won Moss Chemists' annual assistant of the year competition. Her prize is a weekend for two in Paris. Left: John Taylor (sales director, Warner Lambert) and Steve Duncan (marketing director, Moss Chemists) at the Castle Hotel, Windsor

Danger! Beware of exploding ampoules

Incinerating expired medication is not always a simple procedure, and this is especially true if you happen to be in a war zone.

A Belgian military pharmacist who was on duty in Eastern Slavonia found herself suddenly surrounded by Kalashnikov-armed Serb militiamen in the course of her pharmaceutical duties, according to Belgian pharmacist Colonel R van Damme in a recent issue of the *International Pharmacy Journal*.

The soldiers were attracted by the sound of ampoules exploding in her fire and believed that the Belgians had started to shell them.

On discovering the true cause of the explosions, the militia saw the funny side, put down their weapons, and offered the worried pharmacist a drink.

Community pharmacy in the future?

Pharmacist Jayesh Patel has opened the Memorial Pharmacy next to a GP surgery, hospital and nursing home in Sittingbourne, Kent. It is a joint project with North Kent Health Trust.

The surgery has three GPs with a patient list of 6,500. The psycho-geriatric nursing home has 40 beds and the recently-opened community hospital 48.

The hospital has a minor injuries unit and will serve as the base for MEDOC, an out of hours GP co-operative, which provides emergency services.

Mr Patel's company, Delmergate, owns four other pharmacies in Kent, two of which are alongside GP surgeries.

"Our aim is to provide pharmacy services which will support the GP surgery, hospital and nursing home already situated at Sittingbourne Memorial Hospi-



Pharmacist Jennifer Blunt was at Buckingham Palace last week to receive her OBE for services to medical research ethics. Mrs Blunt was able to explain to Her Majesty that she had chaired a research ethics committee for ten years, with a view to protecting patients in medical research, such as clinical trials. After the ceremony, Mrs Blunt and her family went to the Royal Pharmaceutical Society's headquarters in Lambeth, where they were met by secretary John Ferguson and president Ian Caldwell, who invited them to a celebratory lunch. "It was a wonderful day," said Mrs Blunt



After a lengthy delay, staff at Weldricks Pharmacy, Doncaster, South Yorkshire, have finished counting sponsorship money from an exercise bikeathon held in November last year. It has raised £3,859.01 for the charity Children in Need. This beats the £2,354.33 they raised in 1995

tal," says Mr Patel. "With so much expertise so nearby, we still do not know exactly what services we will be providing."

Unichem's director of sales and marketing, Martyn Ward, who was at the opening cere-

mony, says: "We hope more independent pharmacists will be encouraged to capitalise on similar opportunities to diversify their services in the future and we fully support Mr Patel's new venture."



Declaring the new pharmacy open is Jayesh Patel with his wife, Illa. On the far right is Brigitte Amey, chairman of the North Kent Health Trust

Seal of approval for ESI ALOE VERA

You will know Aloe Vera best as an ingredient in shampoos, toothpaste, creams and gels, soaps and drinks. Plenty of anecdotal experience exists for the benefits of aloe as a natural supplement to the diet. Scientific evidence is beginning to prove much of this to be true. This is an exciting time for aloe nutritional supplements and pharmacists are ideally placed to advise on the best products to select for maximum efficacy. Consumer demand for certified products combined with published research of the benefits of both oral and topical use of aloe vera has produced major growth in this market over the last twelve months.

ESI is a leading manufacturer of organic, cold pressed aloe which is available in capsule, gel and juice presentations.

The full range of ESI aloe vera products are certified, bearing the seal of approval from the International Aloe Science Council (IASC) - a big plus for consumers and retailers being a reference standard when choosing aloe products. The IASC is the aloe industry's regulatory body. "Certification involves us testing raw materials and manufacturing methods at every stage of the production cycle right up to the finished product", says Steve Quinn, ESI's marketing director. "We are the first European Manufacturer to hold this prestigious IASC certification. Retailers and consumers now have a benchmark and assurance of product quality and efficacy."

Aloe Vera is the natural choice for calming upset stomachs and is used widely for its soothing and digestive

properties. ESI's aloe juice range includes a double strength organic formula providing twice the nutrient and enzyme level of aloe leaf maximising activity; aloe vera plus digestive aid adds peppermint oil, papaya, camomile and slippery elm to the double strength juice for soothing digestive properties and colon cleanse combines double strength juice with aloe vera pulp, milk thistle, dandelion, liquorice and FOS which encourages the growth of friendly intestinal bacteria flora. Aloe vera capsules and gel are also available. The gel is a bio active treatment which moisturises, softens and helps restore dry damaged skin, sun burn, skin irritations and minor burns in a 200g tube. The capsules are a convenient way of taking aloe vera in a high potency, one-a-day dose packed in 30's and 90's.

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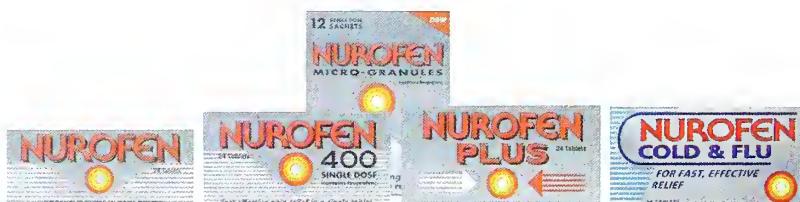
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